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ABSTRACT

This guide presents a framework that identifies what a home, school, and community partnership can do to help families thrive as they experience change and their young children grow. The guide explains how connections among home, school, and community enable families to move from setting to setting with ease and build on their previous experience. The guide defines the goal of continuity: for families to be able to shape and choose appropriate services for themselves and for their young children so that they will then be able to move forward with confidence and hope. The framework for early childhood continuity presented in this guide keeps the whole child in focus, genuinely involves the family, and emphasizes both the horizontal and vertical aspects of continuity. The framework consists of the following eight elements: (1) families as partners; (2) shared leadership; (3) comprehensive and responsive services; (4) culture and home language; (5) communication; (6) knowledge and skill development; (7) appropriate care and education; (8) evaluation of partnership success. Each element is introduced with a short rationale, which summarizes the thinking behind the element. Following the rationale, a list of indicators is introduced, which describes what the elements look like in practice and provides a means to judge whether an element has been put into practice. The guide concludes with a glossary and a guide for partnerships that provides general information on how partnerships can form and use the framework to further continuity efforts. Each section of the guide contains references. (TJQ)

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Continuity in Early Childhood:

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A Framework for Home, School, and Community Linkages

PS 024119

Developed by the Regional Educational Laboratories' Early Childhood Collaboration Network, November 1995

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TABLE OF CONTENTS

Regional Educational Laboratories' Early Childhood Collaboration Network Members 4

Acknowledgments 5

Preface 7

Introduction 9

Notes to the User 14

The Elements of Continuity 17

- **ELEMENT 1:** *Families as Partners* 18
- **ELEMENT 2:** *Shared Leadership* 27
- **ELEMENT 3:** *Comprehensive and Responsive Services* 37
- **ELEMENT 4:** *Culture and Home Language* 47
- **ELEMENT 5:** *Communication* 66
- **ELEMENT 6:** *Knowledge and Skill Development* 76
- **ELEMENT 7:** *Appropriate Care and Education* 85
- **ELEMENT 8:** *Evaluation of Partnership Success* 99

Glossary 110

Using the Framework: A Guide for Partnerships 121

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PREFACE

Under sponsorship from the Administration on Children, Youth, and Families, U.S. Department of Health and Human Services, and the Office of Educational Research and Improvement, U.S. Department of Education, the ten Regional Educational Laboratories have been working to strengthen linkages between early childhood and elementary school programs. The Regional Laboratories began by studying the research literature and conducting a series of national and regional forums to understand the effect of the transition from early intervention to school programs. This activity included a review of past and current national efforts to create continuity in early childhood and smooth the transition between early childhood and school programs. Several of these programs are particularly noteworthy. The Follow Through Program was the first major attempt to link Head Start and elementary school. For more than 20 years, this program explored ways to carry forward children's early childhood experiences into the elementary school years. During the 1970s, Project Development Continuity represented another effort to connect Head Start with school programs. Recently, Head Start began to study a comprehensive approach to supporting young children's transitions to school. This effort centers on demonstration projects that are collaboratively run by local Head Start programs and school districts.

In studying research and national programs related to continuity and transition in early childhood, the Regional Educational Laboratories reached three conclusions:

- Continuity supports early development. With continuity, young children and their families are able to form meaningful relationships and learn to anticipate the rules and expectations of an unfamiliar setting. When a transition is necessary, continuity between settings balances new experiences with familiar ones.

- Connections among the home, school, and community create continuity and ease transitions for young children and their families. These connections should exist at the beginning of a child's life and should continue throughout early childhood (through age eight).

- Home, school, and community partnerships support continuity. Partnerships are central in a small number of demonstration programs that have successfully provided continuity and smoothed transitions during early childhood.

In light of these conclusions, the Regional Laboratories worked with local home, school, and community partnerships in their regions to identify policies and practices that support continuity and build on the benefits of early intervention. Working collaboratively, the Regional Laboratories drew together what they learned from local efforts throughout the country and developed a framework for early childhood continuity. This Framework provides home, school, and community partnerships with a comprehensive approach to creating continuity for young children and their families. Given the importance of the information in the Framework, the U.S. Department of Health and Human Services and the U.S. Department of Education decided to support a validation study of the Framework. In 1994, the Regional Laboratories joined together with four national organizations—National Association of State Boards of Education, National Black Child Development Institute, National Head Start Association, and ZERO TO THREE/National Center for Clinical Infant Programs—to carry out the validation study which tested the usability of the Framework, the appropriateness of the Elements, and the extent to which the document met communities' needs. Twenty-nine community partnerships representing every region in the country participated in the study. Input from the collaborating national associations and communities shaped the present version of this document.

The Framework is designed to support the efforts of home, school, and community partners to improve continuity and transition in early childhood. It consists of major Elements of early childhood continuity. The effective practices identified under each Element were drawn from diverse programs across the country. For home, school, and community partners, the Framework is a tool for exploring how they can strengthen continuity for young children and their families. It suggests ways to think about connections between the home and service settings, as well as connections between service settings, such as infant programs and preschool programs. Through attending to these critically important connections, home, school, and community partnerships can promote the early development and long-range success of young children.

INTRODUCTION

The start of a new life sends a message of hope to everyone. In a community that has the resources to offer critically important services, families know where to go for support. They can feel secure and confident on the path they take to provide for their children's health, nutrition, care, and education. Each step along their path is a nurturing one that supports development.

Yet not every family with a young child has a nurturing path available to them. Some families may find themselves on a path that has many bumps and detours. There may be no signs that clearly guide their way. Each place they stop is different from the last place. Every time they seek help, they have to cope with new rules and expectations. Often, they have to start all over again. Their struggle to survive takes away valuable time they could spend with their young child. Instead of experiencing the joy of having good choices for their child and themselves, families may feel they have no choice but poor quality health care, nutrition, and education. There may be few or no meaningful connections between the families and the community's service providers. Isolated families may feel lost. And, not knowing where to go next they may lose hope.

With support from their community, families can find a nurturing path. A community that creates such a path for families with young children has two main ingredients. One, everyone in the community, including families, schools, health and social service providers, and religious, business, and other leaders, works together to create the path. And two, the community has the necessary resources. Resources are scarce, and many communities do not have the resources they need to adequately support families. In many communities, families are in crisis and need a lot of support. Yet, no matter what the crisis or level of need, every family can benefit from support that focuses on its strengths. Members of a community have the opportunity to commit themselves to working together for the good of families. They can work to make the most of the resources that are available.

This document focuses on what a community can do to support families with young children. The extent to which ideas in the document can be tried will depend on the resources available to a community. A framework is presented that identifies what a home, school, and community partnership can do to help families thrive as they experience change and their young children grow. It explains how connections among the home, school, and community enable families to move from setting to setting with ease and build on their previous experiences. It defines the goal of continuity: for families to be able to shape and choose appropriate services for themselves and for their young children every step along their path. Families will then be able to move forward with confidence and hope.

Continuity in Early Childhood

Kagan (1992) has described two types of continuity: *horizontal continuity* and *vertical continuity*:

- *Horizontal continuity* refers to the various settings in which a young child receives care and education at any point in time. For example, the child lives at home, plays in the neighborhood, may attend a local preschool, may receive health care at a nearby clinic, and may require special transportation services. Each day, a child routinely moves or makes a transition from one setting or service to another. Changes from setting to setting may be disjointed or connected. In other words, horizontal continuity may be weak or strong.

- *Vertical continuity* refers to connections between care and education, health, and social services across time. For example, during infancy a child may be immunized by a county health agency and receive care in an infant care center. Later on, the child may attend a nearby preschool and receive medical care at a local health clinic. In elementary school, the same child may attend the neighborhood school at which a nurse coordinates health services. While growing older, the child must make transitions from various service settings to other service settings. Likewise, families must learn to relate to different services as their children grow. Service providers for different age levels may have little or nothing to do with each other, or they may link their activities. Strong vertical continuity means that services provided at a later point in development build on services provided at an earlier time. Rather than repeatedly having to adapt to new systems, families gain needed time to nurture and strengthen family members, both adults and children.

The concepts of horizontal and vertical continuity relate to stability and change during development. Major theories suggest that development is best supported when children are firmly grounded in their present stage of development and are appropriately challenged to move to the next stage. In contrast, too much change, inappropriate expectations, or abrupt change may interfere with development. Thus, the task facing home, school, and community partnerships is twofold: (1) to offer a stable base to children by connecting the home with service settings; and (2) to connect service settings to smooth transitions or changes. Creating continuity means building bridges for the transitions young children and their families must naturally make.

Both horizontal and vertical continuity should receive attention in the design of early childhood services. From the point of view of horizontal continuity, ongoing connections between families and service providers is centrally important. Each service should be linked with every other service. The rules and expectations should be the same from setting to setting. Cultural links between the home and service settings, and communication in the family's home language, prevent children from experiencing the potentially harmful effects of too much discontinuity. Links to the culture and home language of the families will allow them to join in a partnership with their community's service providers.

From the perspective of vertical continuity, early childhood services should be available during pregnancy and at birth and extend through eight years of age (and beyond, for that matter). Services over time mean that no one period of development receives attention to the exclusion of others. At all times, special needs should be part of a service plan. Of course, services for families with infants are critical. Early experience establishes the foundation for later functioning, especially social-emotional development. But services should remain strong after infancy. They should build on the early care children receive. Services should also provide links for the various transitions that occur during early development.

Providing children and their families with continuity smooths numerous transitions for them. Changes they must naturally make during early childhood are appropriately challenging and less abrupt when strong links between service settings exist. To achieve early childhood continuity, the home, school, and community should be connected in a partnership whose focus spans from pregnancy through age eight.

The Transition to School

One of the most important steps for families with young children is entry into school. This transition has been looked upon from two perspectives. One perspective reflects the first National Education Goal: "All children in America will start school ready to learn." Goal One emphasizes the role of the family and the community in preparing young children for school. Helping young children become ready for school should smooth their transition to school. It should also establish a foundation for future academic success.

The other perspective on readiness and transition places responsibility on the school program. Many experts argue that schools should be ready for children. To accomplish that end, schools should build on children's early childhood experiences. The school curriculum should be based on the same principles as the early childhood curriculum and meet special needs. Family services and family participation in the educational program should resemble the way they were prior to school entry.

Thus, much of the discussion about school readiness has boiled down to whether children and families should be ready for school or schools for children and families. Yet each of these positions oversimplifies the issue. Every aspect of the lives of young children and their families deserves attention. Children and the families that nurture them do not develop apart from the world around them. In fact, the home, the school, and the community all contribute to the long-range success of children. Seen in this light, the question of readiness becomes less a matter of who's ready for whom. Instead, it is a matter of everyone working together to support children and their families as they become ready for the next type of service or stage of development. The idea of different service providers working together keeps the entire life circumstances of the child and family in focus. Service providers begin to see how their work fits into the total experience of the developing child and family. Creating continuity during early childhood becomes the common goal of families and providers of care and education, health, and social services.

Elements of Continuity

The framework for early childhood continuity presented in this document keeps the whole child in focus, genuinely involves the family, and emphasizes both the horizontal and vertical aspects of continuity. Eight Elements make up the Framework. Specifically, *continuity for children from birth through age eight is strengthened when*:

1. Families are an integral part of the home, school, and community partnership and the primary decision makers concerning their child's care and education.

2. Home, school, and community partners share leadership and guide decision making.

3. Care and education, health, and social services focus on the full range of needs and circumstances of individual children and their families.

4. Services are consistent with the home culture of the families, and communication is provided in the home language.

5. Home, school, and community partners maintain open communication and respect confidentiality.

6. Home, school, and community partners work together to build their knowledge and skills and the capacity of community services.

7. Care and education services are developmentally and culturally appropriate.

8. Home, school, and community partners document their efforts and use evaluation information to improve policies, programs, and practices.

The Framework is designed to encourage a comprehensive understanding of continuity and transition. Although the Elements may partially overlap one another, each one defines a distinct aspect of continuity. As shown in Figure 1, all eight Elements together form a complete picture of how collaborative efforts of home, school, and community partners can ensure continuity for young children and their families. In practice, partnerships will use the Framework to fit their circumstances. Home, school, and community partners may decide to begin by focusing on one or two Elements. Focusing on only one of the Elements, for example, **Appropriate Care and Education**, may ease the transition from preschool to school. However, the new setting may still present children with difficult adjustments. For transitions to go as smoothly as possible, attention must be paid to all eight Elements of continuity. Only then will a community's efforts to link services help young children and their families experience change in a stable and nurturing way.

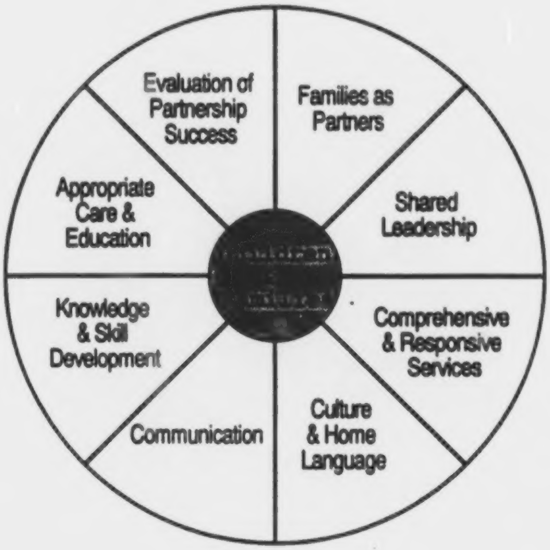
Evaluation of Partnership Success
Families as Partners
Appropriate Care & Education
Shared Leadership
Knowledge & Skill Development
Comprehensive & Responsive Services
Communication
Culture & Home Language

FIGURE 1

INTRODUCTION

Resources

Berrueta-Clement, J. R., Schweinhart, L. J., Barnett, W. S., Epstein, A. E., & Weikart, D. P. (1984). *Changed lives: The effects of the Perry Preschool Program on youths through age 19*. Ypsilanti, MI: High/Scope Press.

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ZERO TO THREE/National Center for Clinical Infant Programs. (1992). *Heart start: The emotional foundations of school readiness*. Arlington, VA: Author.

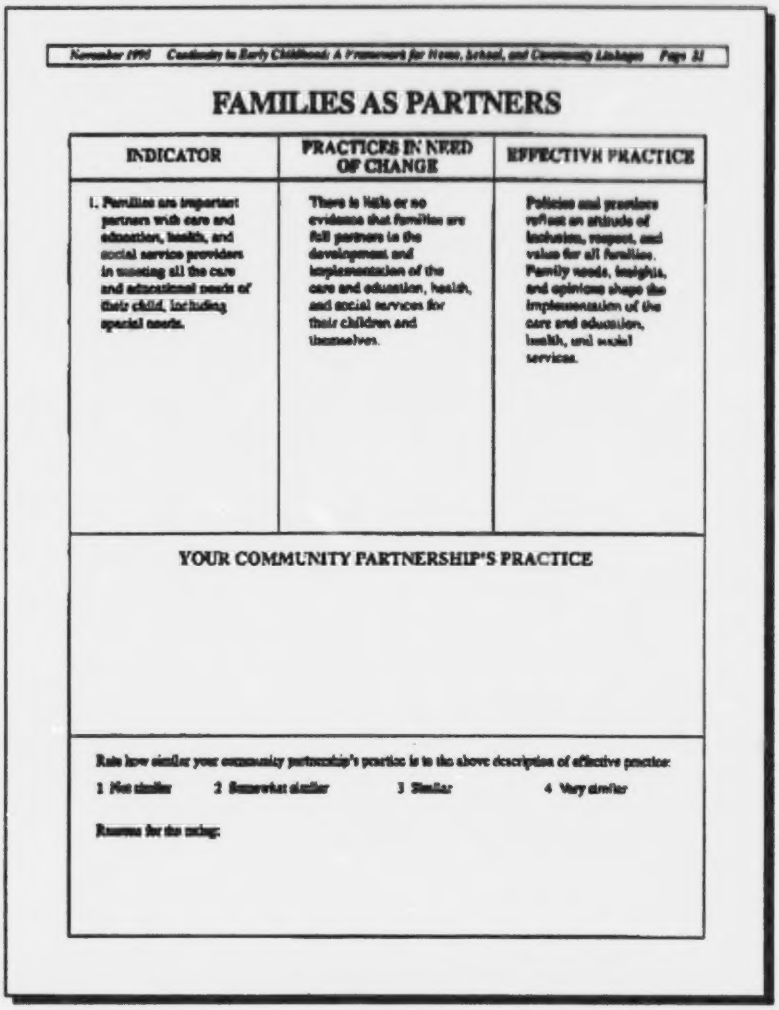
NOTES TO THE USER

The Framework is organized to help home, school, and community partners focus on policies and practices that support continuity and apply them in effective ways. It is a tool that is broken down into manageable parts. Each Element is introduced with a short Rationale, which summarizes the thinking behind the Element. On the next page is a listing of Indicators for that Element. The list is followed by a presentation of each Indicator on a separate page. The information on the Indicator page is formatted in a way that helps home, school, and community partnerships consider the meaning and application of each Indicator in their work. Each page introduces a specific set of ideas and concepts so that partners can discuss the Framework, page by page, and compare their community's continuity efforts with those described in the Framework. Space is provided for partners to describe and rate their community's current continuity practices, and identify what they consider most important about their practices. If a partnership uses the Framework as a focus of discussion and study over several occasions, the document can serve as a written record of the partnership's efforts to improve continuity for children and families. The following description of the various parts of the Framework will clarify how the document is designed.

As stated in the introduction, the Continuity Framework consists of eight Elements. The Elements are broad areas of concern that contribute to ensuring continuity for young children and their families. Taken together, the Elements represent the building blocks of continuity.

The Rationale for each Element describes key concepts from research supporting the Element, and explains the Element's importance in creating early childhood continuity. The Rationale for each Element is purposely brief so that it can facilitate discussion of key concepts related to the Element. The Rationales have often been used by home, school, and community partnerships as starting points for consideration of an Element. Typically, partnerships meet to discuss one of the Rationales as a first step in exploring the meaning of an Element to the partnership's work.

After the Rationale, the Indicators for an Element are introduced. Indicators are statements that describe what the Element looks like in action or practice. Indicators provide a means to judge whether an Element has been put into practice. Each Element has a unique set of Indicators. The total number of Indicators for an Element depends on the Element's complexity as well as on the range of conditions that demonstrate the Element in action.



November 1995 Continuity in Early Childhood: A Framework for Home, School, and Community Linkages Page 31

FAMILIES AS PARTNERS

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
1. Families are important partners with care and education, health, and social service providers in meeting all the care and educational needs of their child, including special needs.	There is little or no evidence that families are full partners in the development and implementation of the care and education, health, and social services for their children and themselves.	Policies and practices reflect an attitude of inclusion, respect, and value for all families. Family needs, insights, and opinions shape the implementation of the care and education, health, and social services.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

FIGURE 2

The visual on this page presents an example of an Indicator page. There are columns labeled "Indicator," "Practices in Need of Change," and "Effective Practice." In addition, on the bottom half of the page there is a space for "Your Community Partnership's Practice" and a rating scale and space to explain the rating. These two areas of each Indicator page are designed to facilitate a partnership's exploration and documentation of its efforts to create early childhood continuity. It is recommended that communities use these different sections in ways they feel will be most helpful to them. The Guide for Partnerships provides additional information about potential uses of the Framework. A brief description of the different parts of the Indicator page follows:

Indicator: As explained above, an Indicator is a statement that gives an idea of how an Element looks in action or practice.

Practices in Need of Change: This column provides examples of practices that do not adequately address the intent of the related Indicator. This information is provided as a reference point or comparison with the next column, Effective Practice.

Effective Practice: This column lists practices and policies that represent examples of fully developed efforts to address the intent of the Indicator.

Your Community Partnership's Practice: This blank space provides a place where a partnership can record continuity practices in its community. The partnership can identify the unique strengths and weaknesses of its policies and practices as it considers the meaning of an Indicator for its community.

Rating Scale: A partnership can use the scale to record the opinions of individuals or the group about the similarities between the community's practice and the description of Effective Practice.

Reasons for the Rating: In this space the partnership can record specific comments about its practices. This process will help the partnership understand its rating and give focus to its efforts to improve practices that support continuity for young children and their families.

Finally, the Indicator pages for each Element are followed by a list of resources that provide further information about the Element. Some of the resources listed are referred to in the Rationale for the Element.

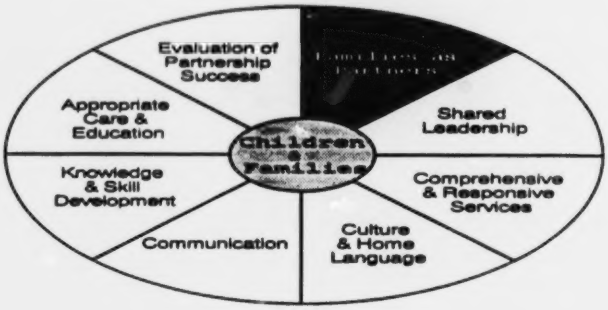
Following the entire set of eight Elements are the Glossary and the Guide for Partnerships. The Glossary can be used by partnerships to develop a common understanding of terms. The Guide for Partnerships provides general information on how partnerships can form and use the Framework to further continuity efforts. It also provides guiding principles, gives examples of major uses, and offers tips and points to consider.

This document is designed to encourage its repeated use. The Glossary and Guide for Partnerships support understanding and use of the Framework. The Framework is envisioned as a tool whose use by home, school, and community partnerships will be active, ongoing, and creative. Both the content and organization of the document are intended to encourage efforts at continuity for young children and their families.

ELEMENTS OF CONTINUITY

The Continuity Framework can guide the development of connections among all services for young children and their families. Partnership among the home, school, and community, not individuals providing separate services, is what builds continuity. Eight Elements are identified in the Continuity Framework. Without giving attention to all of the Elements, early childhood continuity will be incomplete. *Continuity for children from birth through age eight and their families is strengthened when*:

1. Families are an integral part of the home, school, and community partnership and the primary decision makers concerning their children's care and education.
2. Home, school, and community partners share leadership and guide decision making.
3. Care and education, health, and social services focus on the full range of needs and circumstances of individual children and their families.
4. Services are consistent with the home culture of the families, and communication is provided in the home language.
5. Home, school, and community partners maintain open communication and respect confidentiality.
6. Home, school, and community partners work together to build their knowledge and skills and the capacity of community services.
7. Care and education services are developmentally and culturally appropriate.
8. Home, school, and community partners document their efforts and use evaluation information to improve policies, programs, and practices.


Evaluation of Partnership Success
Families as Partners
Appropriate Care & Education
Shared Leadership
Children & Families
Knowledge & Skill Development
Comprehensive & Responsive Services
Communication
Culture & Home Language

ELEMENT 1

FAMILIES AS PARTNERS

Families are an integral part of the home, school, and community partnership, and the primary decision makers concerning their children's care and education.

ELEMENT 1 RATIONALE

FAMILIES AS PARTNERS

Families are an integral part of the home, school, and community partnership, and the primary decision makers concerning their children's care and education.

Families are big, small, extended, nuclear, multigenerational, with one parent, two parents, and grandparents....A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support. As family members, we nurture, protect, and influence each other. Families are dynamic and are cultures unto themselves, with different values and unique ways of realizing dreams. Together, our families become the source of our rich cultural heritage and spiritual diversity....Our families create neighborhoods, communities, states, and nations.

New Mexico Task Force on Children, Youth, and Families, 1991

The term family refers to any individuals or groups who assume primary responsibility for nurturing their members. Families provide a needed anchor for young children. They are the main source of continuity in children's lives. Today, many families are facing high levels of stress, a sense of isolation, and serious economic hardship. Thus, the role of families in providing continuity is more challenging and more important than ever before.

Effective family support and educational programs address the basic survival needs of families, the personal development of parents, and the developmental needs of children. Progress in each area of need is linked to progress in the others (Weiss & Halpern, 1990). Collaborative services that focus on all of the areas of need can build on family strengths and offer prevention and early intervention instead of remediation.

The main purpose of home, school, and community partnerships is to work together with families as partners. Respect for the preferences, language, and aspirations of each family should guide the home-community relationship. The family should be acknowledged as the primary decision maker in all efforts to provide family-focused, culturally consistent services. Community services should support parents in their efforts to develop and provide for their families as their needs change over time.

Kagan (1990) states that family support and educational programs must be individualized, adaptive, and flexible. Programs must respect a family's values and schedules, and relate to parents as equals when planning and providing family services.

FAMILIES AS PARTNERS

Continuity for children from birth through age eight and their families is strengthened when families are an integral part of the home, school, and community partnership, and the primary decision makers concerning their children's care and education.

Indicator #1	Families are important partners with care and education, health, and social service providers in meeting all the care and educational needs of their child, including special needs.
Indicator #2	Care and education, health, and social service agency providers work with families to identify and plan services to meet individual family needs.
Indicator #3	The policies and practices of care and education, health, and social services support the active involvement of families.
Indicator #4	Families participate in knowledge and skill development opportunities to ensure full partnership in the development of their child and family.

FAMILIES AS PARTNERS

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
1. Families are important partners with care and education, health, and social service providers in meeting all the care and educational needs of their child, including special needs.	There is little or no evidence that families are full partners in the development and implementation of the care and education, health, and social services for their children and themselves.	Policies and practices reflect an attitude of inclusion, respect, and value for all families. Family needs, insights, and opinions shape the implementation of the care and education, health, and social services.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

FAMILIES AS PARTNERS

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
2. Care and education, health, and social service agency providers work with families to identify and plan services to meet individual family needs.	Families have little or no involvement in designing services to meet their individual needs.	Information about many community resources and service options is available and readily shared with families. Together, providers and each family develop a family service plan to address the family's needs and priorities. Service plans are updated as children grow and family needs and priorities change.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

FAMILIES AS PARTNERS

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
3. The policies and practices of care and education, health, and social services support the active involvement of families.	Although some families are involved in services for their children, there are no formal policies for actively involving families.	All child care and education, health, and social service providers have an open door policy. Policies and practices create a welcoming climate for families and give them easy access to service agencies. For example, meeting times, child care, transportation, and the location of meetings accommodate the needs and circumstances of families.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

FAMILIES AS PARTNERS

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
4. Families participate in knowledge and skill development opportunities to ensure full partnership in the development of their child and family.	Few knowledge and skill development opportunities are offered to families that enable them to become full and equal partners in their child's and family's development.	Families have opportunities for ongoing knowledge and skill development, including leadership development. Parents develop and conduct knowledge and skill development activities for service providers and other parents.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

FAMILIES AS PARTNERS

Resources

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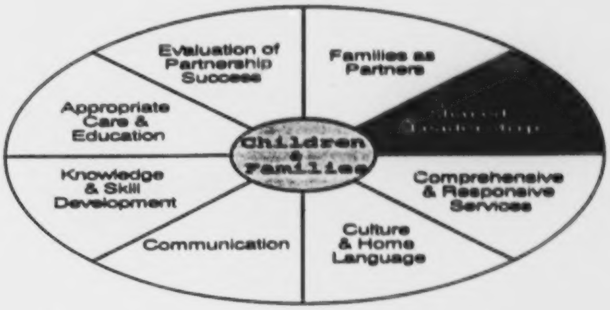
Evaluation of Partnership Success
Families as Partners
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Appropriate Care & Education
Children & Families
Knowledge & Skill Development
Comprehensive & Responsive Services
Communication
Culture & Home Language

ELEMENT 2

SHARED LEADERSHIP

Home, school, and community partners share leadership and guide decision making

ELEMENT 2 RATIONALE

SHARED LEADERSHIP

Home, school, and community partners share leadership and guide decision making.

Continuity for young children and their families depends on the home, school, and community working as partners to achieve common goals. Kirst (1991) states that "Collaboration must be based on a community-wide planning process that is locally generated and includes broad citizen involvement." Broad-based representation keeps everyone in touch with the local community's values, beliefs, history, needs, strengths, and aspirations. It enables home, school, and community partners to develop an effective system of response to local needs.

When collaborating, partners "establish common goals and agree to use their personal and institutional power to achieve them" (Melaville, Blank, & Asayesh, 1993). Collaboration means a long-range commitment to a common mission, shared decision making, and the use of resources to respond to mutually identified needs (National Assembly of National Voluntary Health and Social Welfare Organizations, 1991).

Collaborative planning might include the following tasks:

Develop a shared vision with common goals. Melaville and Blank (1991) state that the vision statement "...provides a reason and rationale for joint action....the collaborative's view of what child and family outcomes should be." Determining goals allows the partners to identify common concerns and test their flexibility and skill in resolving conflicting subgoals (Kagan, 1991). When goals are clear, attainable, and shared among all partners, the collaborative effort is more likely to succeed (Mattessich & Monsey, 1992).

Establish a leadership team. Effective collaborative efforts have formal and informal leadership teams that share responsibility for decisions and outcomes (Kagan, 1991; Melaville & Blank, 1991). Leadership teams may vary in structure (e.g., task forces or governing boards) but should always include parents. Teams usually remain flexible to allow for local needs and preferences (Pollard, 1990). Leaders must be willing to share their authority. Melaville, Blank, and Asayesh (1993) note that "Leaders from partner organizations may experience difficulty in sharing power, but collaboratives will fail unless partners willingly cultivate a new style of leadership—partnership among equals."

SHARED LEADERSHIP

Continuity for children from birth through age eight and their families is strengthened when home, school, and community partners share leadership and guide decision making.

Indicator #1	Home, school, and community partners form a group committed to addressing the needs of young children and their families.
Indicator #2	Partners clearly understand, value, and respect each partner's knowledge and skills and share leadership roles.
Indicator #3	Partners develop goals for their work together.
Indicator #4	Partners share decision making and collaborative responsibilities.
Indicator #5	The partnership influences policies and practices that affect young children and their families.

SHARED LEADERSHIP

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
1. Home, school, and community partners form a group committed to addressing the needs of young children and their families.	A group of individuals with common backgrounds and levels of authority forms a partnership. They meet periodically to share information about their activities related to young children and their families. Few, if any, families participate in these meetings. Membership is closed and neither reflects the diversity of the community nor the range of ages and needs of children and families.	The partnership includes a diverse group of individuals representing home, school, and community. Membership is open and reflects the diversity of the community as well as the range of ages and needs of children and families.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

SHARED LEADERSHIP

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
2. Partners clearly understand, value, and respect each partner's knowledge and skills and share leadership roles.	Leadership roles are unclear and individuals are responsible for their own skill development.	Leadership roles are clearly defined. Leadership knowledge and skill development is ongoing and involves all partners. Partners become knowledgeable about the community's diversity and the full range of needs of children and their families.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

SHARED LEADERSHIP

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
3. Partners develop goals for their work together.	The concerns of individual service agencies shape the goals of the partnership. The needs of young children and families do not guide the direction and actions of the partnership.	Partners undertake a process that helps them understand one another's perspectives and draws upon one another's experiences and strengths in developing the vision and goals for the partnership. The vision and goals of the partnership focus on addressing the needs of all young children and their families. Particular attention is paid to movement from one service to another and as children grow older.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

SHARED LEADERSHIP

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
4. Partners share decision making and collaborative responsibilities.	Decisions are not made jointly or collaboratively by partners.	Partners share information and resources to support a long-range collaborative effort. The partnership strives for consensus of all partners.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

SHARED LEADERSHIP

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
5. The partnership influences policies and practices that affect young children and their families.	The partnership has little influence in changing existing or creating new policies for young children and their families. It has an advisory status at best.	The partnership is an effective advocacy group that is respected by agency directors, policymakers, and others who develop and implement policies and practices for young children and their families. Over time, the partnership sees its influence reflected in changes to existing services and implementation of new approaches to better serve and support young children and their families.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

SHARED LEADERSHIP

Resources

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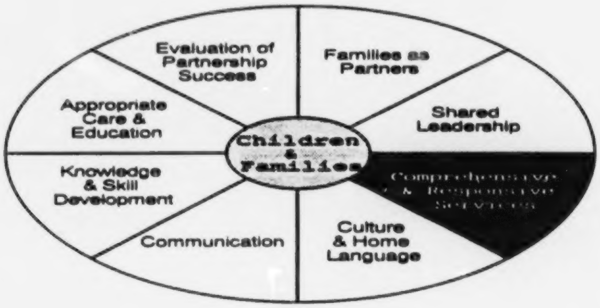
Evaluation of Partnership Success
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Comprehensive & Responsive Services
Culture & Home Language
Communication
Knowledge & Skill Development
Appropriate Care & Education
Children & Families

ELEMENT 3

COMPREHENSIVE AND RESPONSIVE SERVICES

Care and education, health, and social services focus on the full range of needs and circumstances of individual children and their families.

ELEMENT 3 RATIONALE

COMPREHENSIVE AND RESPONSIVE SERVICES

Care and education, health, and social services focus on the full range of needs and circumstances of individual children and their families.

To attain the first National Education Goal – "All children in America will start school ready to learn" – the physical, cognitive, and emotional needs of young children must be met (National Education Goals Advisory Panel, 1991). Because many factors affect early development, services focused solely on children are bound to have limited impact. Kadel (1992) states: The problems which children can face are many and complex. In addressing these problems, consideration is rarely given to how they relate to one another, to the problems of other family members, or to the inherent limitations of the service delivery system which is meant to help children and their families."

Effective early childhood services address all aspects of the lives of children and their families. They cut across the traditional boundaries of education, care, health, welfare, human services, mental health, employment, and related fields. Rather than being determined by the priorities and capabilities of separate service providers, services should be based on the needs of children and their families. The service system should ensure that children and families do not 'slip through the cracks' or remain outside the service and support system entirely (Jewett, Conklin, Hagans, & Crohn, 1991).

Services that are connected effectively respond to the full range of a family's needs and circumstances. Particular attention is paid to movement from one service setting to another and as children grow older. Collaborative services:

- make all services easily accessible to families,
- maintain common enrollment and record-keeping forms and procedures, and
- adapt responsively to the special needs of individual families.

Usually the family's input and preferences guide the development of service delivery plans. Bruner (1991) suggests that service providers should work together with each family to identify how their service can help the family achieve its goals.

Sharing information and resources among service agencies increases the responsiveness of all service providers. It also fosters the efficient use of service providers' time and resources (Melaville, Blank, & Asayesh, 1993).

COMPREHENSIVE AND RESPONSIVE SERVICES

Continuity for children from birth through age eight and their families is strengthened when care and education, health, and social services focus on the full range of needs and circumstances of individual children and their families.

Indicator #1	Policies exist on the roles and responsibilities of parents and the care and education, health, and social service agencies in providing services to the community's young children and their families.
Indicator #2	There are a variety of services that fully meet the needs of all the community's young children and families.
Indicator #3	Care and education, health, and social service agencies actively share information with one another about services available to young children and their families.
Indicator #4	The partnership promotes effective ways to connect families with services.

COMPREHENSIVE AND RESPONSIVE SERVICES

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
1. Policies exist on the roles and responsibilities of parents and the care and education, health, and social service agencies in providing services to the community's young children and their families.	No common policies exist among care and education, health, and social service agencies. There is no parent involvement in the provision of services.	Policies and practices of all care and education, health, and social service agencies reflect a commitment to fully meet the needs of young children and their families. The agencies have both written and informal agreements to ensure that children and families receive high quality, effective, and appropriate services.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

COMPREHENSIVE AND RESPONSIVE SERVICES

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
2. There are a variety of services that fully meet the needs of all the community's young children and families.	Services are available only to a portion of the population who meet specific service or eligibility criteria.	Partners work to ensure that services are in place that responsively meet the diverse needs of young children and their families. When partners identify gaps in services they address them effectively. Services are of high quality, and are inclusive and accessible to families.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

COMPREHENSIVE AND RESPONSIVE SERVICES

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
3. Care and education, health, and social service agencies actively share information with one another about services available to young children and their families.	Few, if any, providers from care and education, health, and social service agencies know the array of services available to children and families in the community. As a result, families are left to their own devices to identify agencies that may assist them. Those providers who know of available services do not share this information with others in their own agency.	Care and education, health, and social service providers are fully aware of services and how children and their families can access them. Further, there are ongoing ways to inform service providers about the needs of families and gaps in services. Services are consistent as children and families move from one setting to another.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

COMPREHENSIVE AND RESPONSIVE SERVICES

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
4. The partnership promotes effective ways to connect families with services.	It is difficult for families to access and use care and education, health, and social services.	Partners work together to ensure that all children and families obtain the services they seek in a consistent and supportive manner. Connections across agencies and programs create smooth and easy access for all young children and families. When referrals for services are made, follow-up with families is done to determine whether services are satisfactory and confidentiality rights are protected.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

COMPREHENSIVE AND RESPONSIVE SERVICES

Resources

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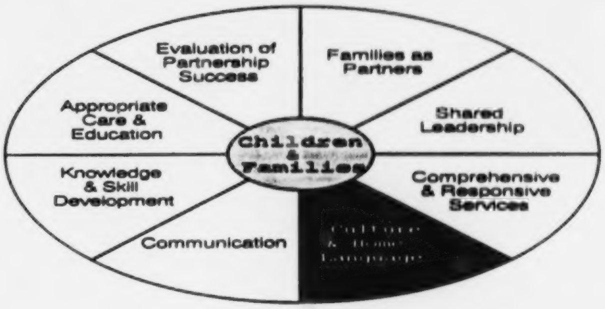
Evaluation of Partnership Success
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Comprehensive & Responsive Services
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Appropriate Care & Education
Children & Families

ELEMENT 4

CULTURE AND HOME LANGUAGE

Services are consistent with the home culture of the families, and communication is provided in the home language.

ELEMENT 4 RATIONALE

CULTURE AND HOME LANGUAGE

Services are consistent with the home culture of the families, and communication is provided in the home language.

Continuity for young children and their families begins with the development of connections between the child's home and the care and education, health, and social services in the community. The home culture, including language, creates the background for all interactions and learning within the family. In addition, culture provides the child with a sense of identity and a framework for interpreting the world. When children venture into settings outside the home, they begin to encounter unfamiliar frames of reference. This absence of shared meaning in a new setting may interfere with children's competent functioning in that setting. For this reason it is important that young children experience settings that respect and reflect the home culture and language.

CULTURE

The frames created by a child's culture go beyond the routines and rituals of the home community. All aspects of daily life—beliefs, values, spiritual practices, rules for behavior, communication, and ways of knowing—originate with the child's home culture. For example, some cultures may value cooperation and obedience within the group instead of competition and individual achievement. Other cultures may emphasize creativity and artistic expression more than reasoning and logical organization. Children and families whose culture emphasizes individual achievement and independence may be unappreciated or even viewed as uncooperative and disruptive when they enter programs that value and reward compliance and group cooperation.

To provide continuity for young children and families from diverse cultural backgrounds, home, school, and community partners must work to build a common understanding about the powerful influence of culture and the role of the family as the child's first teachers. Many studies have documented the importance of social and cultural factors in children's acquisition of language and knowledge. The ways that families talk and work together; transmit knowledge, skills, and attitudes; and recognize success must be considered when designing programs so that children are able to communicate, play, teach, and learn together.

Just as developmentally appropriate practice is important to the individual child, so is culturally grounded practice. As home and service cultures meet, differences will become more apparent. In response, steps must be taken by service providers to respect and support the home culture of young children and their families rather than stereotyping individuals and groups. In all settings, and especially in multicultural settings, constructive, open attitudes toward race, ethnicity, gender, disabilities, income status, family configuration, and other characteristics of children and families (not personal bias) should be the foundation for continuity created by home, school, and community partnerships.

HOME LANGUAGE

Continuity for young children and their families hinges on supporting the family's culture and language. Young children's experience with culture and language at home gives them a critically important foundation for development and learning. Early communication and language learning are rooted in the home culture. Appropriate behaviors, showing respect to others, and terms of affection are all learned through the child's home (first) language. Key studies indicate that young children who have been instructed too early in a second language often lose their first language and become unable to converse with their parents (Fillmore, 1990). This language barrier seriously disrupts or limits relationships between parents and children, and prevents parents from conveying cultural lessons that all young children need to learn.

In addition to strengthening cultural learning and early socialization, a good command of the home language enhances children's ability to learn a second language. Research in the field of bilingual education shows that children who fail to master their home language at a young age lack the building blocks needed to acquire a second language. Learning a language to communicate with sufficient competency takes time. One or two years in a second language setting will probably not result in successful language learning and may take away time when children could be mastering their home language (Cummins, 1989; Fillmore, 1986; Hakuta, 1986; Krashen & Biber, 1988; Laosa, 1984).

To ensure continuity for non-English speaking young children in early childhood settings, every effort should be made to provide all children with the opportunity to learn in their home (first) language. Communicating with children in their home language in care and education settings is challenging, particularly when a group of children comes from diverse linguistic backgrounds. Research suggests that various strategies, for example, cooperative learning, using volunteers from the community, increasing parental involvement, and providing appropriate books and audiovisual materials, support each child's learning of the home language (Abramson, Seda, & Johnson, 1990; Morrow & Rand, 1991; Nissani, 1990; Quintero & Huerta-Macias, 1990).

CULTURE

Continuity for children from birth through age eight and their families is strengthened when services are consistent with the home culture of the families.

Indicator #1	Policies and practices promote respect and appreciation for the culture of all children and their families.
Indicator #2	Care and education, health, and social service providers represent the cultural and language diversity of all children and families served.
Indicator #3	Communications with families occur through means that are culturally appropriate.
Indicator #4	Home culture is reflected in program practices, materials, and activities.
Indicator #5	Adult-child interaction facilitates communication and diverse ways of teaching and learning.
Indicator #6	Knowledge and skill development for all partners strengthens the capacity of community services to connect with the home culture of children and families.
Indicator #7	Cross-cultural communication opportunities help families and service providers understand one another's cultural and language expectations.

CULTURE

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
1. Policies and practices promote respect and appreciation for the culture of all children and their families.	Policies do not promote, acknowledge, or appreciate the cultures and cultural history of all children and their families. Policies may discourage or disallow acknowledgment of cultures.	Policies and practices promote the consistent acknowledgment and appreciation for the cultures of all children and their families. An ongoing effort ensures that service agency staff clearly represent and have knowledge of the cultural diversity of the children and families served.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

CULTURE

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
2. Care and education, health, and social service providers represent the cultural and language diversity of all children and families served.	Care and education, health, and social service providers do not represent the cultural diversity of children and families served.	An ongoing effort ensures that service agency staff clearly represent and have knowledge of the cultural diversity of the children and families served.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar   2 Somewhat similar   3 Similar   4 Very similar

Reasons for the rating:

CULTURE

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
3. Communications with families occur through means that are culturally appropriate.	All communication is in standard English and occurs in ways convenient and comfortable for the providers instead of the family. No attention is given to cultural differences in the communication style of the families.	Communication occurs in culturally meaningful ways that are convenient and comfortable for the family. Home visits, telephone conversations, meetings in the community, and written communications are used to make and strengthen connections between families and providers.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

CULTURE

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
4. Home culture is reflected in program practices, materials, and activities.	There is little or no evidence of home culture in the environment or learning activities. No culturally diverse themes, dolls, books, puzzles, or pictures are available for children. Teaching is not reflective of diverse learning styles.	There is consistent, positive evidence of home culture in the environment and in learning activities. Home culture is well represented by teaching styles, resource people from the community, and materials, for example, dolls, books, puzzles, and pictures.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

CULTURE

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
5. Adult-child interaction facilitates communication and diverse ways of teaching and learning.	Adult-child interaction in the learning and service environment is not consistent with the child's cultural experience.	Interactions of providers and children demonstrate respect for home culture as well as for differences in learning styles, learning skills, and ways of understanding disabilities. Adults ensure that all children have opportunities to learn and grow in ways that are compatible with their home culture.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

CULTURE

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
6. Knowledge and skill development for all partners strengthens the capacity of community services to connect with the home culture of children and families.	Knowledge and skill development for all partners fails to address home culture.	Knowledge and skill development for all partners and everyone who has direct contact with families includes ways to: • support home culture in the delivery of care and education, health, and social services; • improve communication among families and providers; • promote appropriate interaction outside the home; • build understanding and appreciation of cultural diversity, and break down barriers between groups (anti-bias training); • understand cultural interpretations of special needs; and • provide learning opportunities for members of the cultural group being served.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

CULTURE

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
7. Cross-cultural communication opportunities help families and service providers understand one another's cultural and language expectations.	Communication about one another's experiences and expectations rarely, if ever, occurs between parents and service providers.	Through planned activities, families and service providers share their experiences and expectations. These activities can include support groups for newcomers and community forums to discuss expectations of parents and service providers.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

HOME LANGUAGE

Continuity for children from birth through age eight and their families is strengthened when communication is provided in the home language.

Indicator #1	Policies and practices support the use of the home language of all children and families served.
Indicator #2	Care and education, health, and social service providers are able to communicate in the home language of the children and families served.
Indicator #3	Home language is reflected in practices, materials, and activities.
Indicator #4	Knowledge and skill development for all partners focuses on the needs of linguistically diverse families.

HOME LANGUAGE

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
1. Policies and practices support the use of the home language of all children and families served.	Policies do not support, acknowledge, or appreciate the language of children and families.	Policies consistently acknowledge, appreciate, and support the use of the home language(s) of families. Policies ensure that community services communicate in the language(s) of the children and families. Policymaking is done by individuals who are representative of the language diversity of the community.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

HOME LANGUAGE

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
2. Care and education, health, and social service providers are able to communicate in the home language of the children and families served.	Providers have little or no knowledge of the language of the children and families served. Service providers speak and/or support the language of the children and families served.	Ongoing efforts ensure that service providers are able to communicate with children and families in their home language. When they do not, community and family representatives are brought into the learning and service environments to make communication possible in the home language.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

HOME LANGUAGE

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
3. Home language is reflected in practices, materials, and activities.	There is little or no evidence of home language in the environment, activities, or materials.	Daily use of the home language is built into the child's experience outside the home. Books are read to children in their home language, and items in learning and service settings are labeled in the home language.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

HOME LANGUAGE

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
4. Knowledge and skill development for all partners focuses on the needs of linguistically diverse families.	Little or no effort is made to help service providers work with non-English speaking families.	Ongoing knowledge and skill development for all partners and everyone who has direct contact with families includes ways to: • promote home language in the delivery of care and education, health, and social services, for example, provide teachers and caregivers who speak the child's home language; • understand the developmental importance of the family's home language; • create opportunities for partners and families to learn a second language; and • build understanding and appreciation of cultural and language diversity and break down barriers between groups (anti-bias training).

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

CULTURE AND HOME LANGUAGE

Resources

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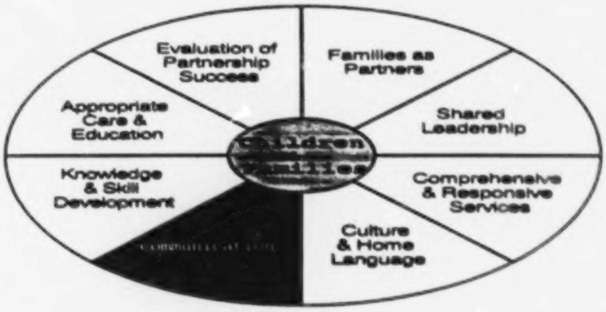
Evaluation of Partnership Success
Families as Partners
Shared Leadership
Comprehensive & Responsive Services
Culture & Home Language
Communication
Knowledge & Skill Development
Appropriate Care & Education
Children
Families

ELEMENT 5

COMMUNICATION

Home, school, and community partners maintain open communication and respect confidentiality.

ELEMENT 5 RATIONALE

COMMUNICATION

Home, school, and community partners maintain open communication and respect confidentiality.

Home, school, and community partners should establish and maintain communication among each other in order to achieve early childhood continuity. Communication is the cornerstone of partnerships. It builds relationships and strengthens connections among service providers. Communication among home, school, and community partners supports early childhood continuity by:

- making information available to all partners that helps identify child and family needs;
- planning for upcoming transitions to ensure continuity as family needs and priorities change over time;
- allowing all partners to express their opinions, voice their concerns and fears, and share their dreams and hopes;
- creating a shared understanding of policies and practices and the terms used to explain them;
- making clear goals of individual services and programs in the partnership; and
- making joint planning possible, along with implementation, training, and evaluation of collaborative services and activities.

Communication is at the heart of family-centered programs that effectively meet the needs of children and their families (National Association of State Boards of Education, 1988; Swick, 1992). Communication includes verbal and nonverbal messages that are conveyed through facial expressions, body movements, environmental cues, and pauses during conversation. In a home, school, and community partnership, communication must occur in a language that is meaningful and understandable to families. To make communication with families effective, supports may be needed, such as an interpreter, adaptive equipment, or feedback to assure clarity.

Another important function of communication is to support children and families as they move from one service to another. For example, early childhood and elementary school teachers can visit and exchange information about each other's programs to help prepare children for a new setting. Family visits to a new setting open up communication and prepare the family for transitions (Kagan, 1990). Interagency meetings or case discussions among early care and education, health, and social service providers can strengthen collaboration among partners. Written documentation and records can be shared among service providers to keep everyone fully informed about individual children and families and reduce the duplication of information. Before sharing records or other information, service providers must obtain the written consent of families.

At all times, the confidentiality of families must be respected. Information about children and their families belongs to those families. Families must be made aware of what information has been placed in records. They must be consulted, give their consent, and fully understand whenever plans are made to share child and family information or records. Care must be taken by all partners to respect and protect the privacy of children and families.

Communication that links care and education services with health and social services is critical for continuity. In the past, different service providers have tended to make contact with one another only in times of crisis. Kirst and Jehl (1992) suggest that providers of different services need time to talk, think, and plan together so that they can support one another's efforts to meet the needs of young children and their families.

Finally, communication within service agencies is as important as communication between service agencies. For example, in a national study of school transitions, Logue and Love (1992) found that only 29 percent of the schools surveyed had similar classroom practices between grade levels. Children often have to adjust to a new curriculum year after year, and may perform poorly as a result. Communication between teachers of different grade levels can help reduce the amount of change children experience in school. Likewise, communication among staff within health and social service agencies helps create consistent relationships with families. Families also benefit from the consistency created by coordinated service delivery. Service coordination is possible only when communication between agencies occurs routinely.

COMMUNICATION

Continuity for children from birth through age eight and their families is strengthened when home, school, and community partners maintain open communication and respect confidentiality.

Indicator #1	Communication is based on a climate of respect, trust, inclusion, and support.
Indicator #2	Families and providers of care and education, health, and social services share information about children's development and progress.
Indicator #3	Written communication and records are developed with the consent and involvement of families, and used by all providers serving children and families.
Indicator #4	Families and providers of care and education, health, and social services participate in communication skill development.

COMMUNICATION

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
1. Communication is based on a climate of respect, trust, inclusion, and support.	Families and service providers do not have ongoing relationships. Service providers have contact with children and families only when providing a specific service.	Communication among families and providers of care and education, health, and social services reflects mutual respect, support, trust, and inclusion. Partners regularly consult with each other about available resources and work together to provide needed services for children and families.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

COMMUNICATION

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
2. Families and providers of care and education, health, and social services share information about children's development and progress.	Service providers and families share little information. Confidentiality is not consistently maintained.	Information about children's development and involvement in programs is used in all planning to meet children's needs and to arrange for changes in services. Confidentiality is best maintained when families decide what and how information is shared.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

COMMUNICATION

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
3. Written communication and records are developed with the consent and involvement of families, and used by all providers serving children and families.	Records are not always accessible or useful to families or other service providers. When information in records or other written communications are shared, the need for confidentiality is not consistently addressed.	Written communication, records, and other documentation are always accessible to individual families receiving services. Communication is shared in ways that are understandable to families. Any information in records is collected with the consent of the families and serves to promote continuity between services.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

COMMUNICATION

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
4. Families and providers of care and education, health, and social services participate in communication skill development.	Few learning opportunities are provided to improve communication skills.	A variety of skill development and learning activities are available to family members and service providers to enhance their communication and conflict resolution skills and to help them respect confidentiality.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

COMMUNICATION

Resources

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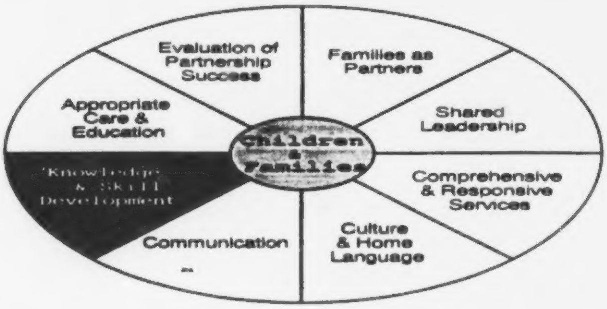
Evaluation of Partnership Success
Families as Partners
Shared Leadership
Comprehensive & Responsive Services
Culture & Home Language
Communication
Knowledge & Skill Development
Appropriate Care & Education
Children & Families

ELEMENT 6

KNOWLEDGE AND SKILL DEVELOPMENT

Home, school, and community partners work together to build their knowledge and skills and the capacity of community services.

ELEMENT 6 RATIONALE

KNOWLEDGE AND SKILL DEVELOPMENT

Home, school, and community partners work together to build their knowledge and skills and the capacity of community services.

Collaborative early childhood services are only as effective as the families and the service providers who work together with them. Continued development of providers and family members keeps collaboration going, reduces turnover, and can mean the difference between children who learn and children who do not or (cannot) learn (Arbuckle & Murray, 1989). All adults who are responsible for the care and education of children should jointly participate in every aspect of building partnership competence, including planning and evaluation.

Families and service providers from different community agencies should participate in learning activities together. Home, school, and community partners need information based on research and practice. They also need opportunities to meet and share experiences with one another (Kagan, 1991). Knowledge and skill development sessions that focus on real situations help participants appreciate one another's perspectives and concerns. Through learning together, partners begin to build relationships that foster collaboration (Bruner, 1991).

Some characteristics of effective knowledge and skill development activities are:

Joint planning. Participants are involved in setting goals and designing and implementing activities.

Inclusion. All partners fully participate in knowledge and skill development. The knowledge and experience of the participants is linked to information from research and practice (Jones, 1986).

Time and support. Participants have ample time to learn and then change practices based on the learning experiences. The leadership of the collaborative effort should constantly support participants as they learn and change (Fullan, 1991).

Adult learning. Activities that support the development of partnership competence should be based on the principles of adult learning (Jones, 1986). Participants should have opportunities to engage in active learning, discussion, joint problem solving, and hands-on experience with materials. Learning experiences should encourage everyone to explore ideas creatively, experiment, and take risks.

The principal aim of knowledge and skill development is to help all partners effectively collaborate and create home, school, and community linkages.

KNOWLEDGE AND SKILL DEVELOPMENT

Continuity for children from birth through age eight and their families is strengthened when home, school, and community partners work together to build their knowledge and skills and the capacity of community services.

Indicator #1	Policies and practices support a coordinated approach to knowledge and skill development for the home, school, and community partners and all adults who work with children and families.
Indicator #2	Home, school, and community partners jointly plan for knowledge and skill development activities.
Indicator #3	Knowledge and skill development are based on principles of adult learning and promote collaboration.
Indicator #4	Knowledge and skill development sessions are meaningful, effective, and appropriate.

KNOWLEDGE AND SKILL DEVELOPMENT

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
1. Policies and practices support a coordinated approach to knowledge and skill development for the home, school, and community partners and all adults who work with children and families.	No policies exist that support ongoing knowledge and skill development.	Coordinated policies and practices exist across and within agencies that support ongoing knowledge and skill development among all home, school, and community partners. Policies and practices support full participation of families and service providers. For example, child care is available for families and release time is provided for teachers and caregivers.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

KNOWLEDGE AND SKILL DEVELOPMENT

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
2. Home, school, and community partners jointly plan for knowledge and skill development activities.	Little planning for knowledge and skill development is done.	Knowledge and skill development planning is done jointly by representatives of all partners. Interests and needs of partners are used to guide the process. Planning is ongoing and includes defining long-term goals.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

KNOWLEDGE AND SKILL DEVELOPMENT

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
3. Knowledge and skill development are based on principles of adult learning and promote collaboration.	Lectures are given with little or no opportunity for participants to contribute their ideas or learn cooperatively. No follow-up support is provided to participants.	Knowledge and skill development sessions allow for active participation in a variety of learning experiences, including: • small group discussions, • hands-on experience with materials, • collaborative problem solving, • time for reflection, and • cooperative projects. Follow-up support is consistently provided to participants to help them make changes in practice and to work collaboratively.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

KNOWLEDGE AND SKILL DEVELOPMENT

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
4. Knowledge and skill development sessions are meaningful, effective, and appropriate.	Topics for knowledge and skill development do not build on one another. One session has little or no relationship to the next one. Topics are sometimes relevant to partners in general without reference to the specific issues currently faced by the partners.	Knowledge and skill activities build on one another. They focus on real issues and problems faced by the partners. These activities are designed to enhance the partners' capability to connect and improve services for children and their families.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

KNOWLEDGE AND SKILL DEVELOPMENT

Resources

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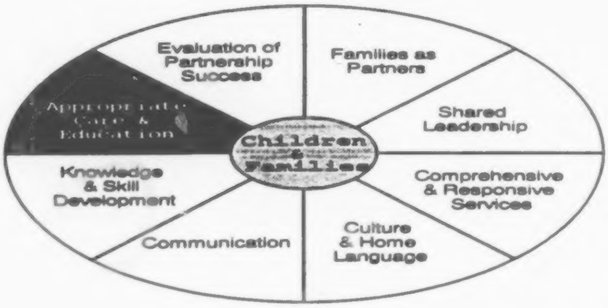
Evaluation of Partnership Success
Families as Partners
Shared Leadership
Comprehensive & Responsive Services
Culture & Home Language
Communication
Knowledge & Skill Development
Appropriate Care & Education
Children & Families

ELEMENT 7

APPROPRIATE CARE AND EDUCATION

Care and education services are developmentally and culturally appropriate.

ELEMENT 7 RATIONALE

APPROPRIATE CARE AND EDUCATION

Care and education services are developmentally and culturally appropriate.

Since the National Association for the Education of Young Children issued its position statement on developmentally appropriate practice (Bredekamp, 1987), other national organizations, state departments of education, and local child care and education agencies throughout the United States have adopted this concept to judge the quality of early childhood and early primary school programs. Developmentally appropriate practice establishes the foundation for continuity of care and education in settings for children from birth through age eight.

Appropriate care and education is essential to early childhood continuity for two main reasons. First, young children spend much of their time in care and education settings outside the home. The influence of early care and education is profound. Young children's image of themselves as confident, competent learners can be either strengthened or weakened by their caregivers and teachers. And second, practice based on what we know about development, individual differences, and cultural differences provides a *consistent* approach to working with young children. It offers young children continuity in the ways adults relate to them and in the types of learning experiences made available to them.

The definition of developmentally appropriate practice comes from both research and practice. Developmental research has demonstrated that young children develop at different rates and learn through concrete experiences with adults and other children and materials. These findings support the call to make early childhood and early elementary school settings fit with the needs, capabilities, and interests of young children. A developmental approach revolves around the following concepts:

1. Expectations for young children should be in line with their developmental capabilities and home culture experience. For example, children learn when they are allowed to move freely rather than sitting still and passively listening for long periods of time.

2. Programs for young children should be structured to accommodate children of varying abilities, including children with special needs. Because of differences in rates of development, children of the same age often have different interests and needs.

3. Children should be offered learning experiences that they find challenging but not overwhelming. They need opportunities to explore materials, solve problems, and experiment through trial and error.

4. Children learn through making choices, being actively involved with people and things, and reflecting on their activity. They learn best when the activities and materials in a care or educational setting are meaningful to them and relate to their everyday life experiences and home culture.

5. A variety of experiences support early learning. Young children need settings that offer them a rich variety of materials and plenty of opportunities for collaborative learning both with children of varying abilities (Gaustad, 1992; Katz et al., 1990;) and with adults.

6. Consistency among care and education, health, and social service providers helps children adjust easily to new settings by connecting new experiences with familiar experiences.

In essence, developmentally appropriate practice aims to strengthen the inclinations of all young children to learn. Rather than setting children apart from each other, adaptations, including adding structure to the learning setting, are made for children who need special support. A developmentally appropriate approach is flexible to allow for negotiation with families and to build cultural connections between the home and care and education settings.

APPROPRIATE CARE AND EDUCATION

Continuity for children from birth through age eight and their families is strengthened when care and education services are developmentally and culturally appropriate.

Indicator #1	Children receive age and developmentally appropriate care and education.
Indicator #2	Learning experiences allow children to work, learn, and grow at their own rate and developmental level.
Indicator #3	The environment is flexible and includes age, developmentally, and culturally appropriate activities that support active learning.
Indicator #4	Children are engaged in learning through play, exploration, and child-initiated, hands-on activities that are supported by adult guidance and encouragement.
Indicator #5	Children's progress is assessed through developmentally appropriate methods.
Indicator #6	Care and education assessment practices relate directly to the needs of individual children, including their special needs, and are reviewed as the children grow.
Indicator #7	Policies and practices promote continuity of care and education as children progress through various early childhood settings and services.
Indicator #8	Adult learning opportunities support cross-agency implementation of services that reflect understanding of child and family development.

APPROPRIATE CARE AND EDUCATION

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
1. Children receive age and developmentally appropriate care and education.	Children are confined, sit passively, or are left alone for long periods of time. They have little or no interaction with adults. Children do not have opportunities to play and enjoy themselves in safe places with other children.	Children explore and play in environments that are richly supplied with age appropriate materials and toys. Children are actively engaged in problem solving and learning. There is a balance between children choosing their activities and adults guiding their learning.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

APPROPRIATE CARE AND EDUCATION

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
2. Learning experiences allow children to work, learn, and grow at their own rate and developmental level.	All children in the same environment tend to participate in the same activities in the same way at the same time, regardless of age or individual developmental stage.	Learning experiences relate to all developmental areas – physical, social, emotional, and intellectual – and are meaningful to children's lives. Children have many opportunities to learn according to their own developing capabilities. Projects and activities reflect the children's interests and support learning and creativity through play.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

APPROPRIATE CARE AND EDUCATION

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
3. The environment is flexible and includes age, developmentally, and culturally appropriate activities that support active learning.	No activity areas are defined. Many visible materials are not accessible for children's use. Materials are not adapted for use by children with special needs and do not reflect cultural and language diversity.	Adults organize the environment to promote children's safety and learning. The entire learning environment is organized into areas with appropriate, accessible materials and activities. Interactive activities and materials relate to the children's culture, language, interests, and level of development. Materials are modified to allow for use by children with special needs.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

APPROPRIATE CARE AND EDUCATION

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
4. Children are engaged in learning through play, exploration, and child-initiated, hands-on activities that are supported by adult guidance and encouragement.	Children have little opportunity to choose the activities in which they participate or play and work with each other. Adults direct whole group activities. Quiet, isolated play and work time predominate.	Children participate in individual and small group age and developmentally appropriate play and activities. Adults provide guidance and encouragement. Children spend a significant amount of time pursuing their interests through active exploration. Adults interact respectfully with children and encourage their involvement in the environment.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

APPROPRIATE CARE AND EDUCATION

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
5. Children's progress is assessed through developmentally appropriate methods.	Standardized tests and developmental screenings with no observations are used as the primary means of assessing children's progress. Assessments do not include input from parents and do not take into consideration the home environment.	Children's physical, social, emotional, and intellectual development is assessed through observation and samples of children's activities. When appropriate, children play an active role in documenting their progress, and parents are included in assessment activities. Assessment practices are sensitive to the children's home culture and language experiences.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

APPROPRIATE CARE AND EDUCATION

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
6. Care and education assessment practices relate directly to the needs of individual children, including their special needs, and are reviewed as the children grow.	Assessment practices and tests do not have a meaningful relationship to children's learning experiences.	The results of the variety of assessments are used to plan to meet the needs of individual children, individualize learning experiences and materials, and identify and pursue new learning goals.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

APPROPRIATE CARE AND EDUCATION

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
7. Policies and practices promote continuity of care and education as children progress through various early childhood settings and services.	Policies separate children and services and isolate age groups. Standardized tests or screening instruments are used to determine placement of children. Children with special needs are separated from other classmates. Retention or special placement of children in "transitional" or "developmental" classes is an accepted practice at the primary level.	Policies and practices ensure that children participate in groups of children of varying developmental levels and receive personalized attention. Policies exist across agencies and programs to create connections and smooth the movement of children and their families from one setting or service to another.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

APPROPRIATE CARE AND EDUCATION

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
8. Adult learning opportunities support cross-agency implementation of services that reflect understanding of child and family development.	Few adult learning opportunities are offered to families. Service providers have few or no opportunities to address the topics of child and family development, care and education, and assessment practices.	Families and providers of care and education, health, and social services have opportunities to exchange information and learn more about: • child and family development, • care and education practices that support children and families, and • assessment practices and planning for learning.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

APPROPRIATE CARE AND EDUCATION

Resources

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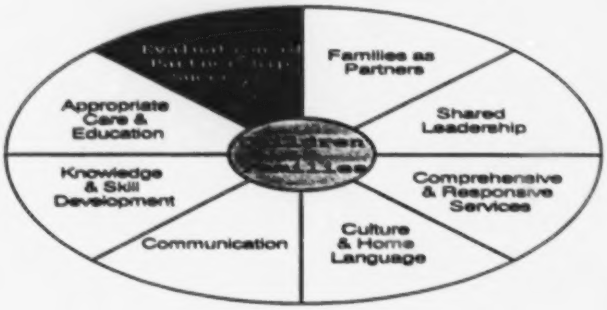
Families as Partners
Shared Leadership
Comprehensive & Responsive Services
Culture & Home Language
Communication
Knowledge & Skill Development
Appropriate Care & Education

ELEMENT 8

EVALUATION OF PARTNERSHIP SUCCESS

Home, school, and community partners document their efforts and use evaluation information to improve policies, programs, and practices.

ELEMENT 8 RATIONALE

EVALUATION OF PARTNERSHIP SUCCESS

Home, school, and community partners document their efforts and use evaluation information to improve policies, programs, and practices.

Collaborative partnerships that provide early childhood services commonly aim to: (1) foster the healthy growth and development of young children, and (2) strengthen families so that they can better meet every family member's needs and create nurturing environments for children. Evaluation allows home, school, and community partners to judge whether their efforts are meeting their goals. The purpose of evaluation is to help partners sharpen their understanding of where they started their effort and where they are going with it, rather than measure it against an outside standard.

Evaluation activities range from formal, carefully designed approaches to informal ones that depend on information gathered as part of providing services. Common to every program evaluation is the definition of indicators to assess the effectiveness of policies and practices. For example, participant ratings may be one indicator used to judge whether services are responsive to the needs of home, school, and community partners.

The evaluation of efforts to foster continuity for young children and their families should focus on:

Policies and practices. Home, school, and community partners develop policies and practices that either link services over time and respond to child and family needs, or create discontinuity. Partners need to collect data that help them determine the impact of their policies and procedures (Blalock, 1990).

Services. The outcomes that result from collaboratively designed services indicate whether the partners are achieving their objectives. Outcomes related to providing continuity may include data on the immunization of children, the level of family involvement in different care or education programs, children's adjustment to a new care or educational setting, or children's developmental progress.

Building an evaluation component into a collaborative effort helps home, school, and community partners continually clarify their objectives and understand their accomplishments and shortcomings. Information from the evaluation can be used to fine-tune services and set priorities for action. It also aids in communicating about the collaborative services to everyone in the community as well as to key organizations, such as government agencies and private foundations.

EVALUATION OF PARTNERSHIP SUCCESS

Continuity for children from birth through age eight and their families is strengthened when home, school, and community partners document their efforts and use evaluation information to improve policies, programs, and practices.

Indicator #1	Partners jointly develop indicators of success.
Indicator #2	Partners conduct community assessments.
Indicator #3	Partners make known community assessment findings throughout the community.
Indicator #4	Partners routinely review the availability, accessibility, and flexibility of community services for young children and families.
Indicator #5	Partners review the effects of existing federal, state, and local policies and practices on children and families.
Indicator #6	Partners refine their efforts.
Indicator #7	Partners work together to build their evaluation skills.

EVALUATION OF PARTNERSHIP SUCCESS

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
1. Partners jointly develop indicators of success.	Partners do not work together to assess their efforts.	Partners jointly identify indicators of success and define how they will be used to measure progress in improving services for young children and families. The indicators may focus on: • how well the partnership works, • how services for young children and their families have improved, and • how the community has changed as a result of the partnership's efforts.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

EVALUATION OF PARTNERSHIP SUCCESS

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
2. Partners conduct community assessments.	Partners do not conduct community assessments. Individual agencies may conduct assessments, but do not gather such information in collaboration with other partners.	Partners regularly conduct assessments across agencies and organizations. These assessments consist of gathering, analyzing, and reporting information related to improving continuity for young children and their families. Attention is given to, for example, how well services address the cultural, linguistic, and other characteristics of children and families. Community assessment information is used to review progress of the partnership and improve services.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

EVALUATION OF PARTNERSHIP SUCCESS

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
3. Partners make known community assessment findings throughout the community.	Partners do not make known community assessment findings.	Community assessment reports are shared regularly with partners and the broader community. Follow-up meetings are conducted to gather feedback from a wider audience about implications of the findings for children and families in the community.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

EVALUATION OF PARTNERSHIP SUCCESS

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
4. Partners routinely review the availability, accessibility, and flexibility of community services for young children and families.	Partners do not review the accessibility and availability of community services.	Partners review community assessments and other information to examine the match between family needs and services available from private and public sources in the community. When gaps in services are identified, the partnership investigates linkages, funding opportunities, and other options to improve services for children and families in the community.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

EVALUATION OF PARTNERSHIP SUCCESS

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
5. Partners review the effects of existing federal, state, and local policies and practices on children and families.	Partners do not review existing policies and practices.	Partners routinely review federal, state, and local policies and practices that affect the coordination of services. Partners determine whether mandates for children with special needs are being met. Partners use their knowledge of the community's needs and services as a basis for advocating for policies that are responsive to family needs and preferences.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

EVALUATION OF PARTNERSHIP SUCCESS

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
6. Partners refine their efforts.	Partners do not review or refine their efforts.	Partners use information from community assessments and other sources to improve the processes of the partnership. Consensus and collaborative problem solving are used by the partnership to: • monitor the quality and consistency of communication between and among partners, • link partners, • review participation and representativeness of partners, • resolve interpersonal conflicts, and • address service delivery issues.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

EVALUATION OF PARTNERSHIP SUCCESS

INDICATOR	PRACTICES IN NEED OF CHANGE	EFFECTIVE PRACTICE
7. Partners work together to build their evaluation skills.	Partners do not have opportunities to build their skills.	Partners regularly participate in activities to build their understanding of the skills needed to evaluate partnership activities, and to conduct and review community assessments.

YOUR COMMUNITY PARTNERSHIP'S PRACTICE

Rate how similar your community partnership's practice is to the above description of effective practice:

1 Not similar 2 Somewhat similar 3 Similar 4 Very similar

Reasons for the rating:

EVALUATION OF PARTNERSHIP SUCCESS

Resources

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GLOSSARY

Accessible: Services and programs are easily obtainable for all children and families, including those with special needs.

Activity areas: Also called interest areas or learning centers, these are collections of materials focused on a topic, subject, or activity (for example, art, writing, block construction, dramatic play, discovery). Activity areas have clear boundaries but are not rigid; children may combine materials across areas, and move freely between areas to follow their interests (Berry & Mindes, 1993).

Anti-bias training: Training that builds acceptance, tolerance, and celebration of diversity.

Assessment: An estimate of what the caregiver/teacher wants individual children to be able to do or understand. Assessment occurs in the context of a care/educational environment and reflects all children's growth. Observations, videotapes, journals, conferences, and taped readings are examples of appropriate assessment. This type of assessment is frequently open-ended, and judgment is required to evaluate the level of growth and performance (American Association of School Administrators, 1992).

Care and education: Historically, child care and early education evolved as distinct services with different goals and sometimes different approaches to child development. The definition of developmentally appropriate practices (Bredekamp, 1987) and the evolution of the National Association for the Education of Young Children's accreditation program united the fields of care and education. In this document, these terms together refer to services that nurture the development, learning, and well being of young children and their families. Care and education programs include child care centers, private and public preschool programs, kindergartens, and primary grade schools (Bredekamp, 1987; Kagan, 1991a).

Child-initiated, hands-on learning: This type of learning occurs when children have many opportunities to initiate their own purposeful activities, and when children are entrusted with responsibility for them. The adult's role is to guide children as they make decisions, rather than make decisions for them (Hohmann, 1983).

Children: All children, from birth to age eight, including those with special needs.

Cognitive/cognition: Mental activities such as thinking, reasoning, remembering, and perceiving. The process by which the seemingly random information presented by the environmental and social stimuli around a person is organized into meaningful units for memory and ultimate action (Singer & Revenson, 1978).

Collaboration: Organizational and interorganizational structures where resources, power, and authority are shared and where people are brought together to achieve common goals that could not be accomplished by a single individual or organization independently (Kagan, 1991b).

Collaborative learning: This type of learning occurs when pairs of children or small groups carry out a project or activity together and learn from one another.

Community: A neighborhood, city, county, catchment area, school attendance area, or service district (not necessarily a political jurisdiction).

Community assessment: A process whereby information about a community's needs, resources, and assets is gathered and analyzed systematically to guide actions taken within the community. The purpose of the assessment is to obtain the best available information about needs, resources, and assets in order to avoid taking action based on faulty information, biases, or misperceptions. Community assessment is both a product, offering important information about the community and its residents' strengths and needs, and a process whereby community members understand community needs and become invested in working for change (Bruner, Bell, Brindis, Chang, & Scarbrough, 1993).

Comprehensive services: Services and activities of community and partnership providers that make available a broad set of services to meet the needs of all children and families.

Confidentiality: The act of protecting the privacy of persons who have provided information about themselves or about whom information has been gathered.

Conflict resolution: Clearing up or solving problems, disagreements, conflicts, or differences of opinion.

Consensus: A form of group decision making in which all opinions are heard and a collective decision is made. Consensus requires acceptance from group members that the agreed-upon decision is the best that can be made at the time and that everyone will assume responsibility for supporting it.

Continuity: A principle of development that has three major properties: (1) agreement that young children learn differently from older children and adults, and that parents are at the center of early care and education; (2) agreement that early childhood pedagogy goes beyond the cognitive domain and includes the social, emotional, and health domains; and (3) consistency between and among services for young children and families (Kagan, 1991a). Continuity implies similarity of experiences for young children and families, not identical experiences from one service setting to another. Continuity refers to connections in services and service systems for young children and families at any given time (horizontal continuity) and over time (vertical continuity).

Cooperation: An understanding among groups and/or agencies that allows each group or agency to assist in fulfilling an identified need while still retaining its autonomy, resources, leadership, and established system of service delivery (Kadel, 1992).

Coordination: Commonly regarded as a prerequisite for collaboration, coordination "entails efforts to smooth relationships among organizations and often results in specific modifications in the way agencies operate" (Kagan, 1991b).

Cross-cultural: A focus on two or more cultures.

Cultural diversity: Representation of all people and groups within a community. For example, diversity refers to the full range of ethnicity, cultural heritage, national, tribal, religious, and linguistic backgrounds, and preferences of people within a community.

Cultural frames: Ways that a person views the world and everyday situations based on her or his family values, cultural beliefs, preferences, and rules for living. Programs and services should be designed to reflect the cultural diversity and learning styles of families and children.

Culturally appropriate: Care and education activities that are in harmony with cultural beliefs, values, and learning styles and preferences. These activities affirm the value of culture, as well as maintain the integrity of diverse cultures.

Culture: The customs, beliefs, social norms, values, and material traits of a racial, ethnic, religious, or social group.

Curriculum: A framework for organizing the various areas of learning and growth in a care and education program.

Data: Information that is gathered and used to answer questions. There are two types of data: (1) *qualitative,* which describes perceptions or observations about process, operations, or outcomes; and (2) *quantitative,* which measures the number of participants or activities related to process, operations, or outcomes. It is especially important to use developmentally appropriate methods when collecting information from young children.

Developmentally appropriate: This concept has two dimensions: age and individual appropriateness. It is possible for activities to be age appropriate but not developmentally appropriate, and vice versa. Activities planned for children should consider both age and development, and should be responsive to the needs of individuals.

(1) *Age appropriateness* means that activities are designed to meet the child at her or his chronological age. For children without physical, mental, or emotional disabilities, researchers have identified predictable milestones of growth and development that occur in children during the first nine years of life. These predictable changes occur in physical, emotional, social, cognitive, and aesthetic development. Knowledge of the typical development of children within this age span provides a framework for preparing the learning environment and planning appropriate experiences.

(2) *Individual appropriateness* takes into account each child's uniqueness. Each child has an individual pattern and timing of growth, with her or his own personality, learning style, and family/cultural background. This concept also recognizes the impact that chronological age has on children with disabilities. Activity plans and adults' interaction with children should be responsive to all individual differences. Learning for young children results from the child's interactions with materials, ideas, and people. When these experiences match the child's developing abilities, and also challenge the child's interest and understanding, learning will take place (Connecticut State Department of Education, 1990).

Documentation: Written record of activities. This document refers to the information or data that describe the status of activities and the process of describing the status of activities.

Early intervention: Services that occur early in a child's life to support both the child and the family, enhance development, and prevent problems.

Effective practice: In this document, policies and activities that support the development of home, school, and community partnerships strengthen early childhood continuity for young children and their families.

Element: A broad area of concern that must be addressed to ensure continuity for young children and families. This Framework presents eight Elements that strengthen continuity for children and families.

Evaluation: Systematic collection and analysis of program-related data that can be used to understand how a program delivers services as well as the consequences of its services for participants (Weiss & Jacobs, 1988).

Family(ies): Any individual(s) or group(s) who assume primary responsibility for nurturing a child. "Families are big, small, extended, nuclear, multi-generational, with one parent, two parents, and grandparents....A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support....Our families create neighborhoods, communities, states, and nations" (New Mexico Task Force on Children, Youth, and Families, 1991) (see Element 3 Rationale).

Feedback: Information that is shared as a result of a formal or informal evaluation. The purpose is to aid planning and decision making concerning knowledge and skill development and program improvement (Loucks-Horsley, et al., 1987).

Framework: A structure or system for organizing and understanding ideas or concepts.

Gender expectations: Expectations that are held regarding acceptable behavior for females and males.

Home culture: A system of values, beliefs, ways of communicating, and standards that guide a family's thoughts, feelings, and behaviors (Hernandez, 1989).

Home language: Language spoken in the home by family members (see **Family**).

Home, school, and community partnership: An effort that involves families, school staff, and community representatives as equal partners working interdependently to plan, implement, and assess: (a) coordinated comprehensive services (educational, social welfare, health, mental health), and/or (b) academic support services (tutoring, training, mentoring) to increase children's school success and improve the functioning of their families and communities (Southwest Educational Development Laboratory, 1991) (see **Partnership**).

Inclusion: The act of taking in as part of a whole. In relation to continuity of services, inclusion refers to all partners participating in all activities. As it relates to children with special needs, inclusion refers to children receiving services in the least restrictive environment where they are involved in activities and programs with non-disabled peers.

Indicator: A number, statistic, or observable condition that people have agreed to use as evidence that a certain reality exists or that certain outcomes have (or have not) been achieved.

Individualized: **See Developmentally Appropriate.**

Knowledge and skill development: Refers to a wide range of learning opportunities for all partners. These learning opportunities may be offered to a group or individual (Loucks-Horsley et al., 1987; National Staff Development Council, 1986). Knowledge and skill development activities often include families and community members relating stories of cultural values or experiences.

Leadership team: The group of people within an organization or in a partnership whose responsibility may include implementing change, setting policies and procedures, and making recommendations for action. The leadership team ideally consists of a representative from each level or group within the organization or partnership and includes parent representation.

Learning environment: Includes the physical space (indoors and outdoors), furnishings, equipment, and arrangements, as well as the activities, materials, and special events available to young children. Socialization experiences and interaction with adults and other children that are available to young children also make up the learning environment (Bredekamp, 1987).

Learning styles: Young children's approaches toward learning, including: openness to new tasks and challenges, curiosity, task persistence and attentiveness, a tendency for reflection and interpretation, and imagination and invention (Goal 1 Technical Planning Group, 1993).

Linguistically diverse: A community in which multiple languages or communication systems are used.

Linkages: The connections made between partners to strengthen continuity and smooth transitions for children and families. The term also refers to the agreements between or among agencies that make collaboration work.

Outcomes: Changes in behavior, circumstances, knowledge, skills, or abilities that occur as a result of a program or services (Brizius & Campbell, 1991).

Parent involvement: Any of a variety of activities that allow parents to participate in the education of their child at home or at school (Chavkin & Williams, 1985). The inclusion of parents and families in planning, designing, and implementing services to support children's development and learning.

Partners/partnerships: Two or more people or groups, including parents, coming together to share a common purpose. A partnership can include representatives of the home (parents and other family members), school (teachers, Head Start directors, school administrators, caregivers, and other educators), and community (health and human service providers, business representatives, higher education, and other community members) (see **Shared Leadership**).

Planning process: The series of steps or stages followed by a group to identify how it will carry out its work. In a collaborative effort, the planning process is locally generated and includes broad citizen involvement. The process includes developing a shared vision with common goals and establishing a leadership team that implements an action plan (Melaville, Blank, & Asayesh, 1993).

Policy(ies): A set of actions undertaken by the executive branch of government either at the direction of the chief executive (president, governor, or mayor) or through legislative action (Brizius & Campbell, 1991). The guidelines or principles of action by which an organization or partnership operates.

Portfolio: A purposeful collection of a child's work that demonstrates to the child, family, and/or others how the child is developing in given domain(s). The collection of work includes: (1) a child's participation in selection of the portfolio content, (2) criteria for selection, and (3) evidence of child self-reflection (Arter, 1990).

Practice: The methods used to provide care and education, health, and social services to children and families. Practices emerge in four components of programs and services: curriculum/services, adult-child interaction, relations between home and providers, and assessment of children's and families' development, learning, health, and overall functioning (Bredekamp, 1987).

Principles of adult learning: Conditions that support adult growth and change, including opportunities to try out new practices, personal support, and challenges. Optimum learning opportunities relate to the person's role with children, careful and continuous guided reflection, and discussion over time, usually done with others (Jones, 1986; Loucks-Horsley et al., 1987; Sparks, 1992).

Progress: Positive change over time.

Provider: An agency, care, or educational entity that serves young children and families.

Readiness: A wide range of abilities and experiences that influence children's early learning and development. Five dimensions involved include: physical well-being and motor development, social and emotional development, approaches toward learning, language usage, and cognition and general knowledge (Goal 1 Technical Planning Group, 1993).

Resources: Assets, including staff, materials, funds and expertise, available to support an effort (Melaville, Blank & Asayesh, 1993).

Responsive: The ability to take action that appropriately and effectively addresses the needs, requests, suggestions, or concerns of young children and their families.

Service setting: The environment or context where young children and/or their families receive some type of service. Examples include health services, parent education, transportation services, child care, etc.

Shared leadership: A condition under which the leadership is broadly spread throughout a partnership. It represents a holistic property shared to some degree by all persons and groups involved in a collaboration (Kagan, 1994). A formalized process through which the responsibility for decisions and outcomes is shared among representatives of all groups and agencies participating in a team effort to reach a common goal.

Staff: Any person employed by a program or service provider who contributes to the program or service provider's work or contact with young children and families.

Standardized test: An instrument composed of empirically selected items that have definite instructions for use, adequately determined norms, and data reliability and validity (National Association for the Education of Young Children, 1988).

Systemic: A way of thinking about a system as a whole. A comprehensive approach that involves all aspects of a system.

Transferred: Taken or sent from one program to another.

Transition: The process of moving from one care and education, health, or social service to another. The process of moving from one setting, to another, for example, from home to preschool or school.

GLOSSARY

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USING THE FRAMEWORK: A GUIDE FOR PARTNERSHIPS

Overview

Throughout the Framework's development there were numerous occasions when practitioners used and reviewed the document in a variety of settings. Field work and validation efforts by Regional Educational Laboratory (REL) staff, presentations and workshops at conferences and symposia, and review and feedback from our national associations' partners yielded comments and questions that guided the Laboratories' work on the Framework. From these many sources the most frequent request was for illustrations and guidance about how the Framework might be used by home, school, and community partnerships. Professionals working with young children and their families repeatedly asked for suggestions of strategies partnerships could use to examine the issues related to continuity in their community. This Guide, "Using the Framework: A Guide for Partnerships," responds to these requests. It is designed to help families, schools, community agencies, and interested professionals effectively work together around issues of continuity and transition. Other legitimate uses for the Framework exist; however, the growing interest in and experimentation with collaborative efforts have led us to prepare this Guide that home, school, and community partnerships can use as a tool to strengthen continuity for young children and families in their community. The audience for this Guide as well as the Continuity Framework consists of members of a home, school, and community partnership. These documents can help partnerships develop a common base of knowledge about effective early childhood practices and learn strategies to improve continuity for young children and their families.

This Guide consists of the following sections:

Defining a Home, School, and Community Partnership offers ideas about who to involve in partnerships that aim to strengthen continuity and smooth transitions in early childhood.

Guiding Principles for Partnership identifies five principles to guide a partnership's use of the Framework.

Uses of the Framework illustrates how partnerships might use the Framework as a tool to improve continuity and smooth transitions for young children and their families. It presents vignettes that illustrate a range of potential uses of the Framework by partnerships and offers tips and points to consider when exploring continuity for young children and their families.

Defining a Home, School, and Community Partnership

In this Guide the term partnership is defined as a diverse group of representatives of the home, school, and community who agree to work together to improve continuity for young children and their families. The composition of home, school, and community partnerships will vary from community to community because of many factors, including the geographic context of the community (rural, urban, or suburban) and the community's needs and resources. Effective partnerships aim for representation of all people in the community who have a stake in the healthy development of young children and their families:

- parents, representatives of parent groups, grandparents, and other family members;
- child care, preschool, nursery school, Head Start, and Even Start staff;
- school personnel (teachers, district and building administrators, teacher assistants, secretaries, custodians, bus drivers, lunchroom staff);
- health and social service providers, including mental health providers;
- child care resource and referral agency representatives;
- local chamber of commerce, business, and industry representatives;
- representatives of local government, libraries, park districts, etc.;

- representatives of local nonprofit agencies, such as United Way;
- local and county university-affiliated training and technical assistance providers such as county extension;
- representatives of religious organizations;
- representatives of existing community councils, such as the Local Interagency;
- coordinating councils for young children with disabilities, housing project tenant councils;
- child welfare and child protective services agency providers; and
- local media representatives.

Partnerships should not duplicate or work at cross-purposes with existing entities. Therefore, people interested in developing partnerships may want to investigate existing groups to assess the need for a new partnership. Partnerships can operate under a variety of names, including advisory boards, advisory councils, Local Interagency Coordinating Councils, coalitions, task forces, and school improvement teams. The best vehicle for addressing continuity and transition issues may be a spin-off from an existing entity. The most common shortcoming of existing groups is likely to be insufficient diversity of membership. If an existing partnership decides to address continuity, it should consider inviting new partners to join the group to ensure diverse representation. Improvements in continuity result from the investment and commitment of many people who work as partners to support young children and their families. Some of the most important partners will be parents. It is important to invite wide parent participation so that they are not intimidated by an overwhelming number of government employees, school administrators, etc.

Guiding Principles for Partnership

The Framework can be used in a wide variety of settings and for many purposes. Partnerships must feel free to use and tailor the Framework in ways that are most helpful to them. The Framework can range from being a central organizing tool for exploring continuity, to one of many resources that support a broader investigation of community needs. This Guide offers examples of long-term, ongoing applications of the Framework, as well as short-term uses. All of these applications will become more effective when guided by the following principles:

1. *Families are central partners.* Partnerships' efforts to improve continuity depend on an atmosphere of respect for families. Partnerships that effectively create continuity build upon the strengths of families and respond to their needs and preferences. Partnerships must involve parents in ways that recognize their knowledge of the community, and draw upon their particular knowledge and insights about their children. Feedback from families is critically important to help partnerships identify the strengths and weaknesses in current continuity efforts and to use this information to strengthen continuity for young children and families in the future.

2. *The partnership reflects broad representation.* Discussion of continuity requires the involvement of families and providers of care and education, health, and social services. It also must include representatives from the business community, the private sector, religious groups, and others who are concerned about the needs of young children and their families. When partnerships recognize the interrelationships of all services, including education, they see the benefits of working together to support the development of young children and families. A partnership's efforts to improve continuity is enriched when its membership is broad and diverse. Such representation helps partnerships identify new strategies that a less diverse group may overlook. Broad representation also brings together resources to support comprehensive and flexible approaches that address the complex problems faced by families today.

3. *All partners need to "buy in" to the process of using the Framework.* A partnership's exploration of early childhood continuity needs to engage partners in meaningful ways. Partners need to examine how concerns about continuity relate to the community's services for young children and their families. These discussions help diverse groups recognize their common goals for children and families. As a result, partners are more likely to be willing to take risks, learn from each other, and actively work to strengthen continuity for young children and families.

4. *Change takes time and is an evolving process.* The Framework is intended to be used as part of the ongoing work of partnerships. The Framework presents a vision and approach for partnerships to adopt and refine over time. Improvements in continuity result from the long-term commitments and the efforts of many concerned individuals working together. The Framework can help partnerships identify and try out new ways to address the needs of young children and their families.

5. *The Framework is strictly a tool for exploring continuity and transition.* While the Framework offers many insights about professional growth, it should not replace existing tools for staff evaluation. **The Framework is not intended to be used to evaluate the effectiveness of individual programs.** The effective practices described in the Framework are goals to work toward, not measures of service effectiveness. Properly used, the Framework promotes adoption of all the effective practices, and should not place partners in the role of judging each other. Finally, the effective practices in the Framework become meaningful only when considered against the community's needs and preferences. Factors such as geographic context, community resources, and the partnership's mission and goals play critical roles in determining what is best for a particular community.

Uses of the Framework

As described earlier, there are many ways to use the Continuity Framework. This section focuses on three potential uses of the Framework that emerged frequently from the RELs' work with home, school, and community partnerships: *building partnerships*, *planning for continuity*, and *promoting change*. A discussion of each use opens with a description of how that particular use of the Framework supports partnerships' efforts to improve continuity for young children and their families. Vignettes then highlight how the Framework can contribute to the partnerships' efforts to improve continuity. The discussion closes with a list of tips and things to consider when working to improve transitions and continuity for young children and their families.

Use #1: Building Partnerships

Use of the Framework supports two aspects of building partnerships. First, the Framework identifies a broad range of people who are critical to involve as partners to improve continuity for young children and their families. The Framework can provide the needed impetus for getting these diverse individuals together and helping them see themselves as important partners in the process. Second, partners can use the Framework to develop positive working relationships among themselves. Partners can use the Framework to discuss beliefs and practices that support or hinder relationships and communication. As partners learn about their similarities and differences, they build a common understanding about issues that influence continuity for young children and their families. Partners also develop a common language for discussing continuity. Through this process, partners strengthen relationships among themselves and, as a result, often agree to work together to support early childhood continuity.

Potential Goals

When using the Framework as a tool for building partnerships, members can address a number of goals, including the following:

- Become better informed about what continuity is, why it is important, and what it takes to create continuity for young children and their families.
- Create a climate for relationships to develop and grow among members of the partnership.
- Develop a common language and shared understanding of what terms mean.

Examples of Uses

Several vignettes suggest how the Framework helps build partnerships.

Story 1:

At its first three meetings, a transition planning team uses the Framework to have small group discussions about the elements of early childhood continuity. Each small group reflects diverse perspectives. For example, one small group is composed of a Head Start teacher, a public school teacher, a nurse's assistant from the community health center, and a parent. Another small group includes a WIC program coordinator, an assistant principal, a Head Start teacher's aide, and a parent.

The small groups proceed element by element. Participants take turns sharing their responses to several questions: What does this element mean to you? How do the elements and its indicators relate to your school's or agency's work and/or to the experiences of children and families in the community? From this discussion, a number of common concerns emerge. The small groups summarize their findings and share them with the whole group.

Story 2:

At their first meeting, a Healthy Mothers, Healthy Babies coalition agrees to post a list of all the terms people identify as confusing. People identify terms from the Framework, program descriptions, other resources, and partner's remarks. The group spends time at the next few meetings reviewing the list and discussing what the terms mean. At first the task seems very time-consuming and counterproductive. Later, however, the group feels that the process actually improved their communication. The process helped them to better understand each other before they defined how they would work together.

Story 3:

A school improvement team uses the Framework to explore how well it addresses the first element, Families as Partners. The group is interested in increasing parent involvement in school activities. Partners follow a three-step process. First, each individual thinks about the school's current practices for each indicator. Each partner uses the scale for each indicator and lists reasons for their rating. Partners then form small groups and share their perceptions with several other partners. As a third step, partners report back to the large group about small group discussions. The team then reflects on what they have learned from this exercise. They summarize common points of view as well as differences. The team uses the information to develop an outreach plan to involve parents in a variety of meaningful roles on campus.

Story 4:

A newly formed Regional Council for Children with Special Needs uses the Framework to learn more about continuity for all children and families in the community. They discuss terms such as transition, continuity, and outcomes until they arrive at common understandings. The partnership then works in small groups to develop scenarios that reflect what strong continuity would look like in their community. They use two settings for the scenarios: a child's day and a child's experience across the preschool and early elementary years. Small groups share their results with the large group. The partnership summarizes the main features of continuity that emerge from the scenarios.

Tips and Points to Consider

When using the Framework to build partnerships, here are some tips and points to consider:

- Ensure that all discussions reflect a parent voice by creating active roles for parents, such as having a parent and a professional jointly chair the partnership.

- Discuss the partnership's decision-making process early in its development. Trying to come to agreement on everything is difficult and may not be productive. Identify how the group will use consensus, delegation, and voting. Consider forming subcommittees to think through the issues that the partnership will address. The subcommittee can make recommendations for action to the entire partnership.

- Consider holding partnership meetings in different locations such as those represented by the partners' agencies, schools, or organizations. Allow time on the agenda for a tour of the facility. The host partner also can share information about the school or agency, such as policies and procedures for securing services for children with special needs. This information can facilitate a richer understanding of the community's services and how they contribute to continuity.

- Invest time early in the partnership's development to define terms, outline communication mechanisms, and clarify decision-making processes. Don't worry if group members seem to be taking too much time discussing how they will work together. Often this investment pays off in the long run. Partnerships that do not spend time discussing these issues usually have to go back and deal with them at a later time.

- Provide opportunities for people from various agencies, organizations, and schools to share with the group how a particular element affects their work place. Discussion can identify similarities among agencies, organizations, and schools. It also can help partners understand some of the common challenges they face.

- Maintain partners' ongoing knowledge of each other's practices and services by having everyone routinely share print documents, such as newsletters or brochures and/or video information.

- Be aware that some words are provocative; they carry controversial messages in certain settings or with certain people. Examples vary by setting, but might include the words outcomes, stakeholders, and developmentally appropriate practices. Work to identify such terms early on so that the partnership chooses words that are acceptable to use in its work together.

- Identify strategies that your partnership feels comfortable using to become familiar with continuity. For example, you may want to have small groups learn about current practices at social agencies and report their findings to the partnership. Or, the partnership may want to spend time at partnership meetings focusing on particular elements and their implications for schools.
- Consider developing products that will help new members learn quickly and easily about the work of the partnership. Examples include a list of terms the partnership agrees to use and their meanings and quarterly summaries of progress. These products also support partners' shared understanding about agreements they make to work together.
- Aim to keep a balanced representation of parents, school staff, and service providers active in the partnership. Additional recruitment of partners is often necessary over time. Also, consider expanding membership to obtain expertise that may be needed to implement certain priorities.

Use #2: Planning for Continuity

A partnership can also use the Framework to determine a course of action to strengthen continuity for young children and their families. Partners can use the Framework as a resource to identify steps in a planning process and to envision policies and practices that support continuity. A partnership usually begins its planning process by developing a shared vision about continuity to guide its direction and the selection of priorities for action. Partners also assess the community's current resources and identify gaps in services and duplication of effort. The assessment provides insights about how much continuity or discontinuity young children and their families experience. Partners use this information to identify specific ways to improve continuity.

Potential Goals

When using the Framework as a tool for planning, members can address a number of goals, including the following:

- Develop a shared vision and direction for the partnership's work together.
- Guide the process of developing meaningful goals for young children and their families.
- Gather information to study and assess a community's present level of continuity.
- Identify gaps in services, duplication of services, and ways to improve existing services.

Examples of Uses

Several vignettes suggest how the Framework helps partnerships plan for continuity.

Story 1:

People establish a partnership to improve the quality of care and education services for young children in the community. The Framework is one of many resources that the partnership uses to learn about effective care and education services. Members spend time at several meetings reviewing the element on Appropriate Care and Education. From this and other discussions, partners identify the strengths and weaknesses of current child care practices in the community. One of the weaknesses they identify is that many environments are not well designed for young children. The partnership works closely with existing resources in the community to develop a plan to improve child care environments. The plan outlines several strategies for improving children's learning environments. The local Head Start program and a preschool program in the elementary school volunteer to serve as pilot sites for implementing the strategies.

Story 2:

A Special Needs Program Council uses the Framework as a resource to guide its development of a shared vision. Partners participate in an exercise in which they consider the question, What would our community look like if it were fully responsive to the needs of all children and families? Partners respond to the question individually and then share responses with the group. By sharing insights about partners' individual and collective ideas, their vision begins to emerge. Partners then work together to develop a written vision statement that captures the richness of individual and collective perspectives. They review and refine the draft statement at several meetings until the partnership is pleased with the vision statement. They share the vision statement with the school PTA, the superintendent, and directors of local health and social service agencies. The partnership also arranges to have the statement published in the local newspaper.

Story 3:

A Governor's Task Force is developing recommendations for improving the quality of child care in the state. Three subcommittees use the Framework as one of many resources that guide their work. The subcommittees seek ideas from experts in the field, at public hearings, and from written resources to compare the state's current practices with effective practices identified in the Framework and other sources. Each subcommittee prepares a summary of its findings and drafts recommendations for legislative action. The task force reviews and approves the recommendations. Child advocacy groups and legislators use the recommendations to craft a legislative agenda to effect the system changes needed to improve child care services.

Tips and Points to Consider

When using the Framework as a tool for planning, here are some tips and points to consider:

- Strengthen the partnership's plans to conduct a needs assessment by seeking out people in the community who are skilled in this activity. Examples include graduate students, city planners, and community college and university staff. Invite these people to attend partnership meetings and offer tips to the partnership about how to conduct a needs assessment. With luck, they may agree to help partners with their effort.

- Don't rely on casual opinion as a major source of information about the school district and community services. Personal experiences and perceptions are valuable, but must be balanced with concrete and written information from reliable sources. For example, examine data from partners' agencies, district offices, and organizations as well as that available from state or county sources.

- Use a variety of approaches to understand information about school and community resources. For example, written information often becomes more meaningful when partners talk to the report developers and staff who were involved in the effort.

- Don't ignore areas where information about resources is sketchy or lacking. Consider forming a subcommittee of partners who volunteer to do additional fact finding to identify resources not well known to the partnership.

- Keep in mind that diverse groups tend to have diverse opinions. The partnership is more likely to be effective when partners strive to understand where its members agree and disagree. They can then respond to these differences with respect and sensitivity. This approach helps ensure that the group benefits from many perspectives.

- Remember that some people express themselves better in nonverbal ways. When developing a shared vision, consider using alternatives such as pictures, images, and color to support other expressions of partners' ideas.

- Draw upon the Framework's effective practices as a source of ideas when selecting priorities for action. The effective practices break the Elements into manageable pieces of information and explain their importance in supporting continuity.

- Remember that conflicts or differences of opinion are not necessarily negative. Differences can be a stimulant for creativity and growth. It helps to acknowledge differences. For example, if differences about vision exist between consumers and providers, ask, "What does that mean for the partnership's work together?"

- Recognize that all priorities cannot be addressed immediately. Consider starting with relatively easy tasks or activities. This approach will help to solidify the partnership as it experiences small successes. Keep in mind that success often breeds success.

- Begin planning for assessing progress at the outset of the partnership's work together. When partners regularly check the course of their work, they can better determine if their efforts are making a difference. This approach also helps partners make changes mid-stream so their outcomes are more likely to be met.

Use #3: Promoting Change

This use of the Framework refers to a partnership's efforts to inform the development and implementation of policies and practices that create connections between families with young children and child care providers, preschool program staff, school staff, and community service providers. Partners can use the Framework to guide the implementation of new practices, and conduct knowledge and skill development opportunities for staff and families. Partners can also use the Framework to advocate for new policies, and to reflect on partnership progress. Building Partnerships and Planning for Continuity usually define the starting points for Promoting Change. The changes can involve the partnership directly, or the partnership can support the change efforts of others in the community. Some changes, especially those involving policies, occur at state and federal levels. Promoting change helps partners bring about improvements in continuity and reap the benefits of working collaboratively.

Potential Goals

When using the Framework as a tool for promoting change, partnerships can address a number of goals, including the following:

- Guide the development and implementation of policies and practices that promote continuity.
- Assess the progress of a partnership in improving continuity.
- Build the knowledge and skills of partners, as well as the broader community of parents and staff, involved with young children and their families.

Examples of Uses

Several vignettes suggest how the Framework helps partnerships promote change.

Story 1:

> *A family support program selects two elements of the Framework as its priority concerns for the coming year. The program director organizes monthly workshops for all staff, participating families, and community service providers. Sessions vary to keep them interesting and inexpensive. For example, one month a guest speaker works with the group. Another month, group members watch a video and discuss its implications for their work. After six months, members feel empowered by their work together and always look forward to the monthly sessions. Staff feel that they are more effective in their work with children and families. Parents feel that they are better parents and more aware of how community resources can support their children.*

Story 2:

A community partnership uses the Framework to design a child development project for parents of preschool children. As partners review the Framework, they recognize its emphasis on actively involving parents, and thus, ask four parents from the community to help them plan and implement the project. The parents have many good ideas about how to make the information relevant to other parents of the community. They offer to co-present sessions on good nutrition so that the session reflects the food preferences of the community. Each parent also volunteers to bring a friend, who also has a preschool child, to the sessions. Twenty parents and their preschoolers attend the program. Partners summarize the outcomes of the project for future reference. They make particular note of the benefits of having actively involved parents in planning and carrying out the project.

Story 3:

A statewide children's advocacy group is committed to improving the quality of child care throughout the state through legislative action. The group reviews the Framework and other resources to learn about effective practices for quality child care. After several months of intense work, the group decides to focus on one critical issue to present this session of this state legislature: state support and regulations of early childhood training. A subcommittee of the advocacy group drafts legislative recommendations that describe the issue and desired action. They suggest that the legislature direct the state education agency, the higher education agency, and health and human services agencies to work together to design an early care and education career development system. Several advocacy group members work closely with a legislator and her legislative aides to ensure sponsorship of the legislation. The advocacy group works to educate and gain support for the proposed legislation throughout its review. Parent members of the group present testimony that brings the issues alive for the legislators. They pass the proposed legislation during the next session.

Tips and Points to Consider

When using the Framework as a tool for promoting change, here are some tips and points to consider:

- Review the Framework to identify areas in which partners feel they need knowledge and skill development. Use the Framework to persuade decision makers of the importance of these issues for the partners' work together. Advocate for joint training of all partners regarding these issues.

- Help partners build their knowledge and skills about continuity through regular knowledge and skill sessions. Time and resources are often scarce. Because partnership meetings offer easy access to most partners, consider devoting a portion of the meeting to knowledge and skill development. Sessions can be structured as simple one-session skill building exercises or ongoing discussions, depending on the needs and preferences of partners.

- Consider using the Framework to help parents learn about the importance of continuity early in their child's life. Various community education opportunities might be suitable. Examples include child birth sessions, perinatal classes, and child development classes. The Framework helps explain the importance and benefits of continuity for their child. It also suggests how providers and parents can work together to help children adjust easily to care and education and other services.

- Be aware that personal stories from parents can be powerful tools of persuasion. For example, such stories provide testimony to support policy change. They can also help illustrate the success of continuity efforts in securing funding for partnership efforts.

- Find ways to inform state and federal legislators about the partnership's work. Develop personal relationships by writing letters and meeting with them. Select a team that reflects the diversity of the partnership yet shares common concerns. Have the team meet with legislative aides and share their concerns about the need and importance of continuity for children and families in the community.
- Remember that partners generally have greater interest in one activity or aspect of the partnership's work. Form subcommittees to encourage partners to participate in work that most interests them. Divide the work into manageable pieces and respect each partner's limitations of time and expertise.
- Gather information beyond partnership activities to document improvements in continuity for children and families. The partnership needs to identify and describe the differences that its actions made for children and families in the community.
- Give the partnership permission to be less than perfect. Valuable lessons emerge from identifying what didn't work. Discuss and write down what the partnership would do differently next time and use the information to plan future efforts.
- Keep the partnership on track by being honest and frank.

Summary

The uses suggested in this Guide are ideas that partnerships can use to focus on early childhood continuity for children and their families. Some uses draw upon the entire Framework, while others focus on one or two Elements. Partnerships can tailor their use of the Framework to meet their specific needs and circumstances. It is essential, however, that partnerships approach use of the Framework guided by a complete picture of continuity. All eight Elements are important. Even when using only parts of the Framework, partnerships need to keep the big picture of continuity in mind. For example, partnerships can discuss how the uses they undertake relate to all eight Elements of the Framework. These discussions can ensure that partnerships maintain a comprehensive view of continuity while moving forward in small steps.

This Guide is one resource among many to help partnerships address the needs of young children and families in their community. The resources listed at the end of this Guide can help partnerships learn more about how to work collaboratively. Each Element of the Framework also lists resources that may be useful to partners who are interested in learning more about topics related to early childhood continuity.

Resources on Collaboration

Bruner, C. (1991). Thinking collaboratively: *Questions and answers to help policy-makers improve children's services.* Washington, DC: Education and Human Services Consortium.

Kunesh, L., & Farley, J. (1993). *Integrating community services for young children and their families.* Oak Brook, IL: North Central Regional Educational Laboratory.

Marzke, C., & Both, D. (1994). *Getting started: Planning a comprehensive services initiative.* Resource brief 5. Washington, DC: National Center for Service Integration.

Melaville, A., Blank, M., & Asayesh, G. (1993). *Together we can: A guide for crafting a profamily system of education and human services.* Washington, DC: U.S. Department of Education.

Molloy, P., Saavedra, N., Williams, D., Rodriguez, C., Tucker, B., & Lee, G. (1995). *Building home, school, community partnerships: The planning phase.* Austin, TX: Southwest Educational Development Laboratory.

SouthEastern Regional Vision for Education. (1994). *Leadership for collaboration.* Tallahassee, FL: Author.

Winer, M., & Ray, K. (1994). *Collaboration handbook.* St. Paul, MN: Amherst H. Wilder Foundation.